

**L14000024282**

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To: Division of Corporations  
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Account Number : I20010000078  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cammie90@hotmail.com

**FLORIDA LIMITED LIABILITY CO.  
TNC FITNESS CONSULTING, LLC**

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FEB 12 2014  
D. BRUCE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **TNC FITNESS CONSULTING, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

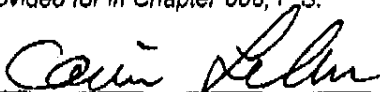
Mailing Address: P.O. Box 811, Gotha, Florida 34734-0811. Street Address: 1949 Breezy Hill Drive, Windermere, FL 34786

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Cammie Lehrer  
1949 Breezy Hill Drive  
Windermere, Florida 34786**

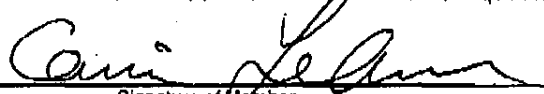
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed and controlled by one manager and is therefore a manager managed company. The sole manager is MGR: Cammie Lehrer, P.O. Box 811, Gotha, Florida 34734-0811.

(An additional article must be added if an effective date is requested)

  
Signature of Member

(In accordance with Section 605.0203(1)(B), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided in F.S. 817.155)

**Cammie Lehrer, Authorized Representative**  
Typed or printed name of signee

**FILING FEES:**

\$125.00 Filing Fee for Articles of Organization  
And Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)