# Electronic Articles of Organization For Florida Limited Liability Company

L14000050206 FILED 8:00 AM March 26, 2014 Sec. Of State kasaly

### **Article I**

The name of the Limited Liability Company is:

TRUEFIT HEALTHCARE, LLC

#### **Article II**

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

745 PRIMERA BOULEVARD SUITE 1001 LAKE MARY, FL. US 32746

The mailing address of the Limited Liability Company is:

745 PRIMERA BOULEVARD SUITE 1001 LAKE MARY, FL. US 32746

## **Article III**

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

MCINTYRE ROY, PA 1485 INTERNATIONAL PARKWAY SUITE 1071 LAKE MARY, FL. 32746

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.

Registered Agent Signature: WILLIAM GLENN ROY, III

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR RACHEL L SMITH 4435 FALLING ACORN COURT LAKE MARY, FL. 32746 US

Title: MGR MICHAEL LEWIS 632 STONE FIELD LOOP HEATHROW, FL. 32746 US

Title: MGR JEROME J MCGEE JR 240 NOTTOWAY TRAIL MAITLAND, FL. 32751 US

Signature of member or an authorized representative

Electronic Signature: MICHAEL LEWIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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