14000068670

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Date of Ath Manna)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
APR 2 8 2014
A. LUNT
W14-21403

Office Use Only



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04/01/14--01032--012 **100.00

04/24/14--01034--003 **25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2014

MALANIE REILLY 9651 RIDGE RUNNER CT. ESTERO, FL 33925

SUBJECT: PULSE PILATES & FITNESS LLC

Ref. Number: W14000021403

We have received your document for PULSE PILATES & FITNESS LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 014A00007210

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PULSE PILATES 4 FITNESS LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MELANIE REILLY Name of Person
PULSE PILATES + FINESS LLC Firm/Company
9651 RIDGE RUNNER CT
Address
ESTERO FLORIDA 33928
ESTERO FLORIDA 33928 City/State and Zip Code MLYNN RIVERA @ SBC GLOBAL, NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MELANIE REILLY at (239) 560 0628 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
PULSE PIVATES + FITNESS LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.," or "L.L.C.")
(Must end with the words "Limited Diability Company, "D.L.C.," or "L.C.," or "L.C.,"
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 9651 RIDGE RUNNER CT
ESTERO FURIDA 33928
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: MELANIE REJULY
MELANIE REILLY 9651 RIDGE RUNNER CT
Florida street address (P.O. Box NOT acceptable)
ESTERD 33928
ESTERD FL 33928
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 Thapter 605, F.S Registered Agent's dignature (RBQUIRED)

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Page 1 of 2

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Page 2 of 2

Date of this notice: 03-25-2014

Employer Identification Number:

46-5199595

Form: SS-4

Number of this notice: CP 575 G

PULSE PILATES & FITNESS LLC MELANIE REILLY SOLE MBR 9651 RIDGE RUNNER CT ESTERO, FL 33928

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-5199595. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is PULS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G 03-25-2014 PULS O 999999999 SS-4

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 03-25-2014

EMPLOYER IDENTIFICATION NUMBER: 46-5199595

FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idalddddaldaldalladlaallaaddlldd PULSE PILATES & FITNESS LLC MELANIE REILLY SOLE MBR 9651 RIDGE RUNNER CT ESTERO, FL 33928