

#L14000176832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L14-64601 608

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10/20/14--01049--002 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 14 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2014

THE LAW OFFICE OF KEITH R. TAYLOR, P.A.
P.O. BOX 2016
LECANTO, FL 34460

SUBJECT: EXERSIZE SCIENCE LAB, LLC
Ref. Number: W14000064601

We have received your document for EXERSIZE SCIENCE LAB, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 514A00022777



THE LAW OFFICE OF
KEITH R. TAYLOR, P.A.
Attorneys and Counselors at Law

KeithTaylorLaw.com

KEITH R. TAYLOR
Board Certified
Civil Trial Lawyer
Certified Circuit
Civil Mediator

STEVEN D. FICHTMAN
Associate Attorney

ADAM A. CZAYA
Associate Attorney

JESSICA K. CZAYA
Associate Attorney

Reply To:
P.O. Box 2016
Lecanto, FL 34460

Crystal River
1143 N. Lyle Avenue
Crystal River, FL 34429
P: (352) 795-0404
F: (352) 795-3145

Dunnellon
12017 S. Williams St.
Dunnellon, FL 34432
P: (352) 547-1867
F: (352) 795-3145

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

October 16, 2014

RE: EXERSIZE SCIENCE LAB, LLC

Dear Sir or Madam,

Enclosed please find the proposed Articles of Organization of **EXERSIZE SCIENCE LAB, LLC**, the signed Acceptance of Registered Agent, and copy of the Articles to be conformed and my client's check in the amount of \$125.00, representing the filing fee.

Please record these Articles as soon as possible and return a conformed copy to me at the above address. Your prompt attention to this matter will be greatly appreciated.

Sincerely Yours,

Keith R. Taylor

KRT/bm
Enclosure

cc: EXERSIZE SCIENCE LAB, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ExerSize Science Lab, 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:

Keith R. Taylor, Esq.

Name of Person

The Law Office of Keith R. Taylor

Firm/Company

P.O. Box 2016

Address

Lecanto, FL 34460

City/State and Zip Code

adam@keithtaylorlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith R. Taylor

Name of Person

at (352)

Area Code

795-0404

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

previously paid

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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:

ExerSize Science Lab, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

270 S. Camellia Avenue
Crystal River, FL 34429

Mailing Address:

270 S. Camellia Avenue
Crystal River, FL 34429

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:

Keith R. Taylor, Esq.

Name

1143 N. Lyle Avenue

Florida street address (P.O. Box **NOT** acceptable)

Crystal River

FL 34429

City

Zip

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Kenneth G. Orender

270 S. Camellia Avenue

Crystal River, FL 34429

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

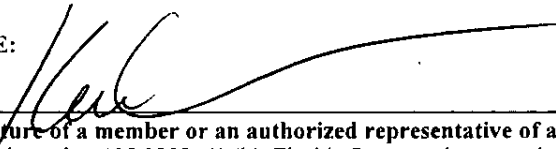
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kenneth G. Orender

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)