

L15000019013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

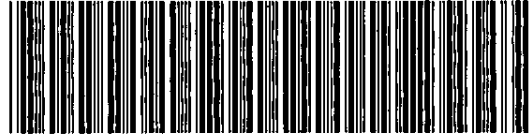
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 21 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 02 2015

DATE

1/12/15

FLORIDA SECRETARY OF STATE
REGISTRATION SECTION
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

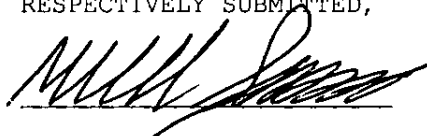
RE: EVLUTION NUTRITION LLC

GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF ORGANIZATION
TOGETHER WITH A COPY OF SAID ARTICLES FOR EVLUTION NUTRITION
LLC AND OUR CHECK IN THE AMOUNT OF \$ 155.00, FOR THE FILING
FEE AND CERTIFIED COPY.

RESPECTIVELY SUBMITTED,

INDV

A handwritten signature in dark ink, appearing to read "Mark S. Smith", is written over a horizontal line.

LLC

EVLUTION NUTRITION LLC

☐

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVOLUTION NUTRITION 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:

MICHAEL SPINNER
Name of Person

INCLINE HEALTH, INC.
Firm/Company

6191 N. W. 66TH AVENUE
Address

PARKLAND, FL 33067
City/State and Zip Code

MIKE@EVLNUTRITION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SPINNER at (954) 648-7142
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

EVOLUTION NUTRITION 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:

Mailing Address:

6191 N. W. 66TH AVENUE
PARKLAND, FL 33067

6191 N. W. 66TH AVENUE
PARKLAND, FL 33067

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:

MICHAEL SPINNER

Name

6191 N. W. 66TH AVENUE

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

PARKLAND

FL 33067

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

INCLINE HEALTH, IN

Name and Address:

6191 N. W. 66TH AVENUE

PARKLAND, FL 33067

(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.)

MICHAEL SPINNER

Typed or printed name of signer

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)

15 JAN 21 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED