

U500076134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

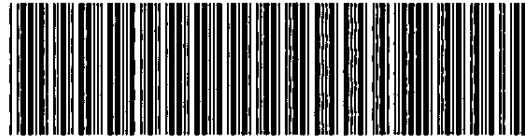
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAR 31 PM 4:22

STATE OF IOWA  
DEPARTMENT OF REVENUE

W15-27778

APR 30 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2015

HILDA THERESA BROWN  
8427 SOUTHWOOD OAKS STREET  
LITHIA, FL 33547

SUBJECT: BODY-TEMPLE-FITNESS, LLC  
Ref. Number: W15000027778

We have received your document for BODY-TEMPLE-FITNESS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

Registration Section.

Letter Number: 015A00007934

15 APR 30 AM 10:00  
DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

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15 MAR 31 PM 4:22  
FLORIDA DEPARTMENT OF STATE  
REGISTRATION SERVICES

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Body-Temple-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:

Hilda Theresa Brown  
Name of Person

Body-Temple-Fitness, LLC  
Firm/Company

8427 Southwood Oaks Street  
Address

Lithia, FL 33547  
City/State and Zip Code

tbrown849b@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilda Theresa Brown at ( 813 ) 737-4556  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☐ \$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

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TALLAHASSEE, FL  
DIVISION OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Body-Temple-Fitness, 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:**

8427 Southwood Oaks Street  
Lithia FL 33547

8427 Southwood Oaks Street  
Lithia, FL 33547

**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:

Hilda Theresa Brown

Name

8427 Southwood Oaks Street

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

Lithia

City

FL 33547

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.*

Hilda T Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAR 31 PM 4:22  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Hilda Theresa Brown

(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:**

Hilda Theresa Brown

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.)

Hilda Theresa Brown

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)

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15 MAR 31 PM 4:22  
DEPT. OF STATE