

L15000085772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

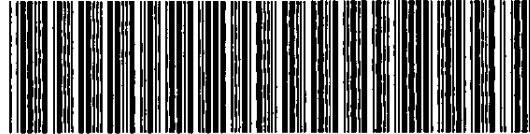
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/11/15--01047--008 \*\*155.00

15 MAY 11 AM 8:00  
RECEIVED  
MAY 11 2015

J. Stivers MAY 15 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 4-Way Fitness & Health, 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:

Wilson W. Sick III  
Name of Person

4-Way Fitness & Health, LLC.  
Firm/Company

4333 Collingtree Drive  
Address

Rockledge, Florida 32955  
City/State and Zip Code

bsick3@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilson W. (Bill) Sick III at ( 407 ) 970-9811  
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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

4-Way Fitness & Health, 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:

300 North New York Avenue, #1647  
Winter Park, Florida 32790

300 North New York Avenue, #1647  
Winter Park, Florida 32790

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.)

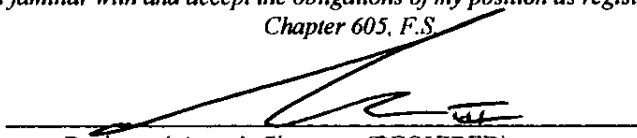
The name and the Florida street address of the registered agent are:

Wilson W. Sick III  
Name

4333 Collingtree Drive  
Florida street address (P.O. Box NOT acceptable)

Rockledge FL 32955  
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)

15 MAY 11 AM 8:06  
STATE OF FLORIDA  
SOLICITOR GENERAL'S OFFICE

**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:**

Wilson W. Sick III

4333 Collingtree Drive

Rockledge, Florida 32955

AMBR

Linnda Durre

1600 East Robinson Avenue

Orlando, Florida 32803

AMBR

Ryan M. Sick

1100 Lake Shadow Circle, #2-302

Maitland, Florida 32751

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/11/15 (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.

Not Applicable

**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.)

Wilson W. Sick III

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)**

15 MAY 11 AM 8:06  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA