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(F	Requestor's Name)	
4)	Address)	
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(C	City/State/Zip/Phone #)	<u></u>
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(0	Document Number)	
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SECRETARY OF SHALLY
DIVISION OF CORPORATION

2 06/08/15

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wellness Without Pity Wellness Coaching, LUC 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:
Heather Fusclier
Heather Fuschier Name of Person
Wellness without Pity wellness Coaching
Firm/Company
7779 Mª Clure Drive
Address
Tallahassee, Pa 32312 City/State and Zip Code heather a well ness with out pity. com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Fuschier at (850) 980-0511
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$155.00 Filing Fee \$160.00 Filing Fee, Certificate of Status 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 Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>.</u>...,

ARTICLE I - Name: The name of the Limited Liability Company is:	
Wellness Without Pity Wellnes. (Must end with the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	
Principal Office Address:	Mailing Address:
7779 Mª Cluve Drive TOHANASSER, FZ 323/2	Jame
TOHAHAULL, FZ 323/2	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Heather Fuselier	
Name	

7779 MEC/USE Drive Prive Florida street address (P.O. Box NOT acceptable)

Tallahassee, to 32312
City State

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..

Page 1 of 2

(CONTINUED)

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 docume 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.)	Title:		Name and Address:
Use attachment if necessary) E.V: Effective date, if other than the date of filing:			_
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Use attachment if necessary) E. V.: Effective date, if other than the date of filing:			7779 MS CLURE Drive
Use attachment if necessary) E.V: Effective date, if other than the date of filing:			Tallahassee, Fl 32312
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)