

4600051157

(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:

W14-16383

Office Use Only



800282762388

03/03/16--01007--025 \*\*60.00

03/15/16--01028--030 \*\*65.00

FILED  
2016 MAR -3 A 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 16 2016

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2016

CHACOREY M. FLEMING  
4429 IVEY COURT  
ORLANDO, FL 32811

SUBJECT: FLEMING FITNESS FACTORY, LLC  
Ref. Number: W16000016383

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TALLAHASSEE, FLORIDA

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We have received your document for FLEMING FITNESS FACTORY, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 916A00004556

2016 MAR 14 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fleming Fitness Factory, 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:

Chacorey M. Fleming

Name of Person

Fleming Fitness Factory, LLC

Firm/Company

4429 Ivey Court

Address

Orlando, FL 32811

City/State and Zip Code

cflem30@gmail.com

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

For further information concerning this matter, please call:

Chacorey M. Fleming

321

474-5859

at ( )

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**

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

**Street Address**

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Fleming Fitness Factory, 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:**

Chacorey M. Fleming

4429 Ivey Court

Orlando, FL 32811

**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:

Chacorey Maurice Fleming

Name

4429 Ivey Court

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

Orlando

FL

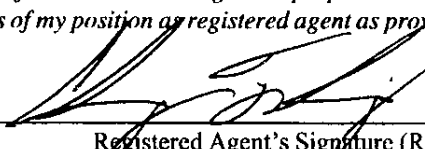
32811

City

State

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)

Page 1 of 2

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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:**

Chacorey M. Fleming

4429 Ivey Court

Orlando, FL 32811

(Use attachment if necessary)

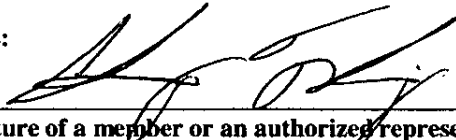
**ARTICLE V:** Effective date, if other than the date of filing: 03/04/2016. (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Chacorey M. Fleming

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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TALLAHASSEE, FLORIDA

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