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16 MAR 10 PM 2: 10

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S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: N-Fit 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:
Nathan Herman Name of Person
N-Fit LLC
Firm/Company
2781 PGA Bluch
Address
Navarre FL 32566 City/State and Zip Code
City/State and Zip Code Nate 2781@ outlook.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nathan Herman at (309), 740-5035 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Street Address New Filing Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ED
The name of the Limited Liability Company is:	16 MAR 10 PH 2: 18
N-Fit LLC	77 PA 2: 18
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.") ALL AHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	
Principal Office Address:	Mailing Address:
2781 PGA Blud Navarre FL 32566	2781 PGA Blud Navarre FL 32566
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	re:
Nothan -	Herman
Name	
2781 PGA T	
Florida street address (P.O. B	ox NOT acceptable)
Navarre :	H 32566
City Sta	ate Zip
Having been named as registered agent and to accept service of proplace designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registed. Registered Age	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I
(CON	ΓΙΝUED)

Page 1 of 2

.1	Name and Address:
ıber	
	Nothan Herman
	Navarre FL 32566
must i	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
han the must k does Departs	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will nement of State's records.
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k does Departs ture of ent is e hat any	not meet the applicable statutory filing rement of State's records. The member of an authorized representative executed in accordance with section 605.0 by false information submitted in a document degree felony as provided for in s.817.155

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