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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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2 06/27/16

COVER LETTER

TO:	Registration Section Division of Corporations			
CHDIE	aWhiSpa LLC			
SUBJE	Name o	f Limited Liab	ility Company	
The enc	losed Articles of Organization and fee(s) are submitte	ed for filing.	
Please re	eturn all correspondence concerning th	is matter to the	e following:	
	Brian P White			
		Name (of Person	
	- whispa			_
		Firm/C	Company	
	214 Cresap St.			
		Ado	dress	
	Lakeland, FL 33815			
	fitnessbreed@gmail.com	City/State a	and Zip Code	
	E-mail address: (to be	used for future	e annual report notification	on)
For furthe	er information concerning this matter, p	lease call:		
	Brian Patrick White	863	944-3177	
	Name of Person	Area Code	Daytime Telephone	Number
Enclose	d is a check for the following amount:			
	Filing Fee \$130.00 Filing Fee Certificate of Status	s L—Certi	5.00 Filing Fee & filed Copy onal copy is enclosed)	\$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		Division of Corporation	ons
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabili	ity Company is:		
aWhiSpa LLC			
(Must end	with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:
<u>Princip</u>	pal Office Address:		Mailing Address:
214 Cresap St.		214	Cresap St.
Lakeland, FL			land, FL
33815		3381	5
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registratio	Registered Agent. Yon.)	T's Signature: /ou must designate an individual or
	Brian Patrick White	•	
	Brian Patrick White	Name	<u></u>
	Brian Patrick White 214 Cresap St.		<u></u>
		Name	cceptable)
	214 Cresap St.	Name	eceptable) 33815

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..

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager AMBR	
AMBR	
	Brian Patrick White
	214 Cresap St. Lakeland, FL 33815
	Lakeland, 1 E 33013
(Use attachment if necessary)	
EV. Effective date if other than the date of	filing: (OPTIONAL)
•	state's records.
•	State's records.
ment's effective date on the Department of S LE VI: Other provisions, if any. REOUIRED SIGNATURE:	Suan P. While
REOUIRED SIGNATURE: Signature of a membratis document is executed I am aware that any false interests.	2 · DIA
REOUIRED SIGNATURE: Signature of a membratis document is executed I am aware that any false interests.	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature of a membratis document is executed I am aware that any false introduced constitutes a third degree fellows.	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
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