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(Requ	iestor's Name)	
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07-13-16

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	SEMINOLE STRENGTH AND C	ONDITIONI	1G, LLC	
SUBJECT.	Name of I	Limited Liabil	ity Company	
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.	
Please return	n all correspondence concerning this	matter to the	following:	
	JEREMY HOORNSTRA			
-		Name of	Person	
	SEMINOLE STRENGTH AND CO	NDITIONIN	G	
-		Firm/Co	mpany	
	PO BOX 12601			
-	,,	Addı	ess	
	TALLAHASSEE, FL 32317			
Ī	HOORNSTRA@GMAIL.COM	City/State ar	d Zip Code	
-	E-mail address: (to be us	sed for future a	unnual report notification	on)
For further in	formation concerning this matter, ple	ease call:		
	JEREMY HOORNSTRA	352	504-5567	
_	Name of Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for the following amount:			
\$125.00 Fil		L_JCertif	00 Filing Fee & lied Copy all 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 Corporatio Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SEMINOLE STRENGTH AND CONDITIONIN	<u></u>
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
mailing address and street address of the principal office	

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

another business entity with an active Florida registration.)

JEREMY HOORNSTRA Name 3233 THAMES DRIVE Florida street address (P.O. Box NOT acceptable) 32309 **TALLAHASSEE** 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..

chature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title: "AMBR" = Authorized	Member	Name and Address:	
	"MGR" = Manager MGR	AWCHIDCI	JEREMY HOORNSTRA	
		-	PO BOX 12601 TALLAHASSEE, FL 32317	
		-		
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		-	99 86	PH PE 3
	(Use attachment if neco	essary)		
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JEREMY HOORNSTRA
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)