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SECKETANY OF STATE
TALLAHASSEE ELOSIA

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DEC 0 1 2016

### COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: <u>Dream</u>	ners Vs Doers Health & Fitne Name of Lim	ess LLC ited Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
Meagar	ı Johnson	Name of Person	
Dreame	ers Vs Doers Health & Fitnes	ss LLC Firm/Company	
466 Old	Ifield Dr	Address	
Flemino	Island, FL 32003	ty/State and Zip Code	
meagan@drea	amersvsdoershealthnfitness. E-mail address: (to be used	com for future annual report notifica	tion)
For further information	on concerning this matter, pleas	se call:	
Meagan Johnson Na	at (at (		52 8 ephone Number
Enclosed is a check i	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
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallnhassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Dreamers Vs Doers Health & Fitness 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 of	
Principal Office Address:	Mailing Address:
466 Oldfield Dr Fleming Island, FL 32003	466 Otdfield Or Fleming Island, FL 32003
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Andrea Johnson	ANA-16
Name	
466 Oldfield Dr Florida street address (P.O. Box	NOT acceptable)
Fleming Island	FL 32003
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signat	16 16 16 16 16 16 16 16 16 16 16 16 16 1
Page 1 of 2	WOY 28 PM 7: 41 VETAKT OF STATE ATTAKEN FLORIDA

MGR  Meagan Johnson  466 Oldfield Dr  Fleming Island, Fl. 32003  Andrea Johnson  466 Oldfield Dr  Fleming Island, Fl. 32003  EV: Effective date, if other than the date of filing:  EV: Effective date, if other than the date of filing:  EV: Other provisions, if any.  (OPTIONAL)  Signature of a member or an authorized representative of a member.  (In accordance with section 605.020) (1) (b), Florida Statutes, the execution of this document 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.)  Meagan Johnson  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certificate of Status (Optional)	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
### AGE Oldfield Dr Fleming Island, FL 32003  #### Andrea Johnson 466 Oldfield Dr Fleming Island, FL 32003  #################################		Meagan Johnson	
Signature of a member or in authorized representative of a member. (In accordance with section of 05.020x 1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of periory 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.)    Meagan Johnson   Typed or printed name of signee   Filing Fees:   S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent   S. 5.00 Certificate of Status (Optional)   S. 5.00 Certificate of Status (Optional)	Mart		<del></del>
Andrea Johnson  466 Oldfield Dr  Fleming Island, FL 32003  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing: 1/21/1/4 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 do of filing.)  E. VI: Other provisions, if any.  REOURED SIGNATURE:  REOURED SIGNATURE:  REOURED SIGNATURE:  I am aware that any false information submitted in a document to the Department of State 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.)  Meagan Johnson  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)			
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ARTICLE IV-

# Dreamers Vs Doers Health & Fitness LLC 466 Oldfield Dr Fleming Island, FL

## **INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Dreamers Vs Doers Health & Fitness LLC:

Meagan Johnson 466 Oldfield Dr Fleming Island, FL 32003

Andrea Johnson 466 Oldfield Dr Fleming Island, FL 32003

Meagan Johnson, Organizer

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SECRETARY OF STATE
TALLAHASSEE FI COME