

L18000219600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

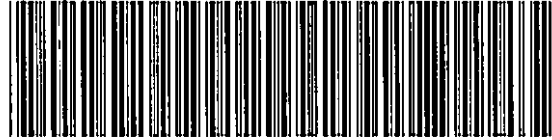
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Certified Copies _____

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FILED
DIVISION OF CORPORATION
18 SEP 17 PM 2:30
TALLAHASSEE, FLORIDA



NUMBER OF PAGES:

2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 800-854-8534 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID



PARASEC

VENDOR ID: H1080

Date: September 10, 2018

AE: Vanessa Calhoun

TO: Florida Department of State
New Filing Section - Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Email: vcalhoun@parasec.com

REFERENCE: 1199605

FAX:

PLEASE PERFORM THE FOLLOWING:

EVERLASTING FITNESS LLC

Type & File LLC Formation Articles

State

FL

SPECIAL INSTRUCTIONS: Please file on a routine basis and return a plain copy back via email to Vanessa Calhoun at vcalhoun@parasec.com

\$125 Filing fee is attached

PLEASE RETURN: Email

PLEASE CALL 800-854-8534 ATTN: Vanessa Calhoun TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
800-854-8534

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Everlasting Fitness 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:

Vanessa Calhoun

Name of Person

Parasec

Firm/Company

2804 Gateway Oaks Dr # 100

Address

Sacramento, CA 95833

City/State and Zip Code

rlsos@parasec.com

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

For further information concerning this matter, please call:

Vanessa Calhoun

800

854-8534

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Everlasting Fitness LLC

(Must contain 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:

10459 Corkscrew Commons Dr, Apt202
ESTERO, FL 33928

Mailing Address:

10459 Corkscrew Commons Dr, Apt202
ESTERO, FL 33928

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:

Philip Tomeo

Name

10459 Corkscrew Commons Dr, Apt202

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

Estero

FL

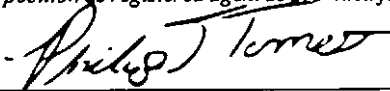
33928

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Phillip Tomeo

10459 Corkscrew Commons Dr, Apt202

Estero, FL 33928

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Vanessa Calhoun

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)

DEPARTMENT OF STATE
DIVISION OF CORPORATION
18 SEP 17 PM 2:30
TALLAHASSEE, FLORIDA