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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
IN THE STRETCH, LLC	
(Must contain the words "Limited Liability Company	v, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:
2848 CROWNED CATERPILLAR DRIVE	2848 CROWNED CATERAIllAR DRIVE

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:

MARY W. JOHNSON

Name

2848 Clowned CATERPILIAR DRIVE

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

THE VILLAGES, FL 32163

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)

19 JUN 10 AM 10: 57

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MARY W JOHNSON 2848 CROWNED CATERPILLAR DRIVE
MGR	THE VILLAGES, FC 32/63 MARY W. JOHNSON 2848 CROWNED CATEPINAR DRIVE THE VILLAGES, FC 32/63
the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	v. ohuser
This document is exec	nember of an authorized representative of a member. used in accordance with section 605.0203 (1) (b). Florida Statutes. se information submitted in a document to the Department of State ee-felony as provided for in s.817.155, F.S.

Filing Fees:

MARY W. JOHUSTAL
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

JIVISION OF CORFERATION

19 JUN 10 AM 10: 57
TALLAMASSEE, FLORIDE