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LIMITED LIABILITY COMPANY

Best Health Solutions, L.L.C. ① desc of property

Name	2/12/99
Availability	dcc
Account	DCC
Number	DCC
Water	DCC
Water	DCC
entry	DCC
acknowledgement	DCC
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 12, 1999

DAVID A. WEBSTER, ESQ.
413 VIRGINIA DRIVE
ORLANDO, FL 32803

SUBJECT: BEST HEALTH SOLUTIONS, L.L.C.
REF: W99000003641

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must provide this office with the agreed value and a written description of the property and/or services you refer to in your affidavit. You may amend your affidavit to include this description or include an attachment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Diane Cushing
Corporate Specialist

FAX Aud. #: H99000003578
Letter Number: 199A00006377

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**ARTICLES OF ORGANIZATION
OF
BEST HEALTH SOLUTIONS, L.L.C.**

Pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes (1995), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I
NAME**

The name of this limited liability company (the "Company") shall be **BEST HEALTH SOLUTIONS, L.L.C.**

**ARTICLE II
DURATION**

Unless earlier terminated pursuant to the Act or the regulations (as defined in §608.402(13) of the Act) of this Company, the period of its duration shall end FIFTY (50) years from the filing of these Articles of Organization with the Secretary of State of the State of Florida].

**ARTICLE III
ADDRESS**

The mailing address and the street address of the principal office of this Company shall be 2107 Gulf Way, St. Pete Beach, Florida 33706.

**ARTICLE IV
REGISTERED AGENT**

The initial registered office of this Company shall be 413 Virginia Drive, Orlando, Florida 32803 and its initial registered agent at such office shall be MOTOLAW, Inc.

**ARTICLE V
ADDITIONAL MEMBERS**

Pursuant to §608.407(1)(e), Florida Statutes, additional members may be admitted upon the approval by the then current members owning more than sixty percent (60%) of the membership interests.

Prepared by David A. Webster, Esq.
DAVID ALLEN WEBSTER, P.A.
413 Virginia Drive
Orlando, Florida 32803
Florida Bar # 291528
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**ARTICLE VI
CONTINUATION OF BUSINESS**

Pursuant to §608.407(1)(f), Florida Statutes, the remaining members of this Company shall have the right to continue the Company's business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of the member in this Company.

**ARTICLE VII
MANAGEMENT OF THE COMPANY**

This Company will be managed by one of its members in accordance with and subject to the requirements of the Act and the regulations of this Company. The name and address of the initial Managing member (as defined in §608.402(9) of the Act), who shall serve as Managing member until the first annual meeting of the members or until its successor is elected and qualifies, is as follows:

Timothy F. Burns
2107 Gulf Way
St. Pete Beach, FL 33706

IN WITNESS WHEREOF, the undersigned, a member of this Company, has executed these Articles of Organization on behalf of this Company in accordance with §608.407(4) of the Act.

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to and subscribed before me
this 12th day of February, 1999.

Margery Ann Byers
Notary Public, State of Florida
Print Name: MARGERY ANN BYERS
My Commission Expires: _____
Commission Number: _____


Timothy F. Burns



Margery Ann Byers
MY COMMISSION # CC69621 EXPIRES
October 22, 2001
BONDED THROUGH FARM INSURANCE, INC.

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TALLAHASSEE, FLORIDA

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Timothy F. Burns, the managing member of BEST HEALTH SOLUTIONS, L.L.C. (the "Company"), pursuant to Florida Statutes Section 608.407(2) and after having been duly sworn, hereby affirms the following:

1. The Company has at least one (1) member.
2. The actual amount of cash contributed to date of the member(s) is: \$15,000
3. The agreed value of any property other than cash contributed is: \$25,000
(See attachment "A".)
4. The total amount of cash or property anticipated to be contributed by the member(s) at this time is: \$40,000

FURTHER AFFIANT SAYETH NOT.

Under the penalties I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Dated: 12th day of February, 1999.

BEST HEALTH SOLUTIONS, L.L.C.

Timothy F. Burns
TIMOTHY F. BURNS, as Managing
Member

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The foregoing Affidavit of Membership and Contributions of BEST HEALTH SOLUTIONS, L.L.C., a Florida limited liability company (the "Company"), was executed, acknowledged and delivered before me this 12th day of February, 1999, by Timothy F. Burns, the managing member of the Company, in St. Pete Beach, Florida.

Personally known: _____

or

Produced identification: ☒

Type of identification produced: ID Card

Margery Ann Byers
Notary Public

Print Name: MARGERY ANN BYERS

Commission Number: _____

Commission Expires: _____

[SEAL]



Margery Ann Byers
MY COMMISSION # CC690621 EXPIRES
October 22, 2001
BONDED THROUGH TROY FAIN INSURANCE, INC.

Prepared by David A. Webster, Esq.
David Allen Webster, P.A.
413 Virginia Drive
Orlando, Florida 32803
Florida Bar #291528
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02/12/99 FRI 15:24 TEL 14078957005

DAVID A WEBSTER PA

004

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Attachment "A"

Property:

Exercise equipment

\$25,000.00

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**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Chapter 608, Florida Statutes (1995), as amended from time to time (the "Act"), the following is submitted:

BEST HEALTH SOLUTIONS, L.L.C., desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates MOTOLAW, Inc., as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 413 Virginia Drive, Orlando, Florida 32803.

DATED this 12th day of February 1999.

BEST HEALTH SOLUTIONS, L.L.C.

By: 

Timothy F. Burns

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

DATED this 12th day of February 1999.

MOTOLAW, INC., a Florida corporation

By: 

David A. Webster, Vice President

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