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SECRETARY OF STATE
DIVISION OF CORPORATION

G. MCLEOD
FEB 0 8 2008
EXAMINER

COVER LETTER

10:	Registration Section Division of Corporations		
SUBJ	FCT. Fitness Specialties	, Limited Liability	/ Company
		of Limited Liability Comp	
The en	nclosed Articles of Organization and fe	c(s) are submitted for filir	ng.
Please	return all correspondence concerning	this matter to the following	g:`
	Ellen Mahoney		•
		(Name of Person)	
	Fitness Specialties, LL	C	
		(Firm/Company)	
	333 Sunset Drive		•
		(Address)	
	Ft. Lauderdale, FL 333	01	
		(City/State and Zip Coo	le)
For fu	rther information concerning this matt	er, please call:	
Ellen Mahoney		at (954	, 765-1225
	(Name of Person)		de & Daytime Telephone Number)
Enclo	sed is a check for the following am	ount:	
\$125	5.00 Filing Fee \$\sqrt{1}\\$130.00 Filing Certificate of S	tatus Certified Co	•
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on Registra orations Division Clifton 12314 2661 En	Courier Address tion Section n of Corporations Building kecutive Center Circle ssee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Fitness Specialties, LLC (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
333 Sunset Drive	333 Sunset Drive
Suite 605	Suite 605
Ft. Lauderdale, FL 33301	Ft. Lauderdale, FL 33301
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the reliable Mahoney	D <u>r</u>
Name	of C
333 Sunset Drive, St	uite 605 🔀 ଛଠିଅ
Florida street add	iress (P.O. Box NOT acceptable)
Fort Lauderdale, FL	33301 :2 AAR
City, State, a	and Zip
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all informance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Eilen Mahoney
	Suite 605
	Fort Lauderdale, FL 33301
•	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 4, 2008. (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.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ellen Mahoney

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)