*L 13000158030

(Re	questor's Name)	<u> </u>		
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200253551482

11/08/13--01026--006 **130.00

13 NOV -8 PH 12: 45
ALL ARASSEE, FLORIDA

K.SALY EXAMINER NOV 1 2 2013

COVER LETTER

то:	Registration Se Division of Cor			
SUBJE	сст:	egendery Fita Name of Limite	ness ed Liability Company	<u></u>
The end	closed Articles of (Organization and fee(s) are s	submitted for filing.	
Please	return all correspon	ndence concerning this matte	er to the following:	
		Daniel Reyno	Name of Person	
		/	Name of Person	
			Firm/Company	
	130	1502 a. 264	d	
•	100	30 36 66 F	Address	
	Pcio	ceton / FL	33032 y/State and Zip Code	
-			or future annual report notification)	
For furt	ther information co	oncerning this matter, please	call:	
_D _°	name of	Ynoso Person	at (786) 247 - Area Code & Daytime Telepl	5101 hone Number
Enclos	ed is a check for	the following amount:		
⊒\$ 125.⊦		2\$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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Legendary Fitness L.L.C (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")				
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "L.L.C.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
10880 su 186 st #58 Miani FL 33157	1088C Su 186 St #58 Mismi FL 33157			
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another			
The name and the Florida street address of	f the registered agent are:			
Daniel Ro	ynoso Vame			
	Name			
	f the registered agent are: you so Name 264 st rect address (P.O. Box NOT acceptable)			
	reet address (P.O. Box NOT acceptable)			
Princeton	FL 33032 ST			
	My, State, and Zip			
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and co	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of emplete performance of my duties, and I am familiar with a as registered agent as provided for in Chapter 608, F.S			

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.) **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. 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.) Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)