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K.SALY EXAMINER MAR 27 LINA

COVER LETTER

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то:	Registration Section Division of Corporations		•
SUBJI	ECT: <u>CROSSFIT DOWNTOWN MIAMI</u> Name of Lir	LLC nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	JOSE M. SANTA	Name of Person	
		Name of Person	
		Firm/Company	
	3470 east coast ave apt 2704	Address	
	Miami FL 33137	City/State and Zip Code	
jο	sesanta73@amail.com	d for future annual report notifica	ition)
For fur	ther information concerning this matter, plea	ase call:	
JOSE	M SANTA at (305 <u>915-0358</u> Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
☑ \$125.0	00 Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee \$\&\ \text{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 Adding Registration Section Division of Corporate Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limit	: ted Liability Company is:		
	TOWN MIAMI, LLC (Must end with the words "Limited	d Liability Company, "L.L.C.," or "l	LLC.")
ARTICLE II - Addr The mailing address a		office of the Limited Liability Comp	eany is:
Principal Office Add	iress:	Mailing Address:	
1311 NE 1st Ave, N	Miami, FL 33132	1311 NE 1st Ave, Miami, FL	33132
another business entitle The name and the Flo Having been named athe place designate capacity. I further a	ty with an active Florida registration rida street address of the registered JOSE M. SANTA Name 3470 east coast ave apt 270- Florida street address (P.O. Bo Miami City as registered agent and to accept seed in this certificate, I hereby accepting the provisions.	d agent are: 4 x NOT acceptable) FL 33137 Zip ervice of process for the above stated of the appointment as registered agent of all statutes relating to the proper of	THE PHIZ: 22 Climited liability company at and agree to act in this and complete performance
oj my unica, unu i	Char	oligations of my position as registered	agem as provided for in

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	•
MGR" = Manager	
AMBR	JOSE M. SANTA
	3470 East Coast Ave Apt 2704
	Miami, FL 33137
AMDD	ALEJANDRO FONTANA
AMBR	3301 NE 1Ave Apt 220
	3301 NE 1AVE ADI 220
	Miami, FL 33137
AMBR	ALAN RAFFALLI
	950 Brickell Bay Dr. Apt 5401
	Miami, FL 33131
V: Effective date, if other than ctive date is listed, the date mu	the date of filing: (OPTIONAL) Ist be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than ctive date is listed, the date mut filling.)	the date of filing: (OPTIONAL) Ist be specific and cannot be more than five business days prior to or 90
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EV: Effective date, if other than ctive date is listed, the date mut filling.)	the date of filing:
V: Effective date, if other than ctive date is listed, the date must filing.) VI: Other provisions, if any. REQUIRED SIGNATURE:	ist be specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than crive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with some constitutes an affirma I am aware that any firma is seen as the constitutes and affirma is a manager than any firma is seen as the constitutes and affirma is a manager than any firma is seen as the constitutes and a seen as the constitutes are a seen as the constitutes and a seen as the constitutes are a seen as th	the date of filing:
CV: Effective date, if other than crive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmation in a seconstitutes at third degree of the constitutes at the constitutes at third degree of the constitutes at the cons	rot member or an authorized representative of a member. School 605.0203 (1) (b), Florida Statutes, the execution of this document the information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
V: Effective date, if other than citive date is listed, the date mutifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmate I am aware that any faconstitutes a third degree in the constitutes at third degree is set to the constitutes at third degree in the constitutes at third degree is set to the constitutes at third degree in the constitutes at third degree is set to the constitutes at the const	rota member or an authorized representative of a member. Schon 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. Lise information submitted in a document to the Department of State

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