

L1500008346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

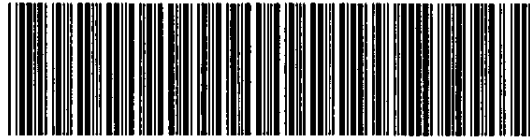
(Business Entity Name)

(Document Number)

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FEB 11 2015

J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADVANCED FITNESS TECHNOLOGY LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SARA LOPEZ**

Name of Person

**ADVANCED FITNESS TECHNOLOGY**

Firm/Company

Address

11402 NW 41 STREET, #<sup>14</sup>~~21~~, DORAL, FL 33178

City/State and Zip Code

saritinaa@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SARA LOPEZ** at ( 305 ) 582-1738  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: ADVANCED FITNESS TECHNOLOGY LLC

**SECOND:** The Florida Document Number of the limited liability company is: L150QQ008366

**THIRD:** The street address of the limited liability company's principal office is:

11402 NW 41 STREET, #121

DORAL, FL. 33178

The mailing address of the limited liability company's principal office is:

SAME

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: SARA LOPEZ

b. No authority granted to: \_\_\_\_\_


2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: SARA LOPEZ

b. No authority granted to: \_\_\_\_\_

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TALLAHASSEE FLORIDA

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Signature of authorized representative

SARA LOPEZ  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)