

Division of Corporations

05000003499

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Florida Department of State
Division of Corporations
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MJH

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

RECEIVED
05 JAN 11 AM 11:06
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

F.L.T., LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

F.I.T., LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2721 Executive Park Drive

Suite 4

Weston, FL 33331

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Paul Salver

Name

2721 Executive Park Dr., Suite 3

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby 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 as provided for in Chapter 608, F.S.



Registered Agent's Signature

(CONTINUED)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMKaren Salver2721 Executive Park Dr., #4
Weston, FL 33331

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**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.)

Karen Salver_____
Typed or printed name of signer**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)