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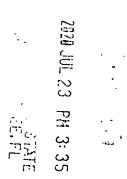
(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: 2 Fit Fitnes.	s LLC,	
Name of Limited Li.	ability Company	
The enclosed Articles of Organization and fee(s) are submi	nted for filing.	
Please return all correspondence concerning this matter to the following:		
Carlton Jackson		
Nam	e of Person	
Firm	/Company	
1307 Kasim St.		
A	ddress	
Opa-locker FL, 330 City/State Carlton Jackson 200	,54	
City/State	e and Zip Code	
E-mail address: (to be used for futu	ur annual report polification)	
	~ 1	
For further information concerning this matter, please call:		
Carlton Jacksonar 786 Name of Person Area Cod	S62-9478 Davtime Telephone Number	
Name of Person Area Cod	e Daytime Telephone Number	
Enclosed is a check for the following amount:	를 보고 있는 것을 보고 있습니다. 그것 같습 것을 보고 있는 것을 보고 있습 되었다. 그것 같습 되었다. 그것 같습 것을 보고 있는 것을 보고 있습 되었다. 그것	
Certificate of Status Ce	\$155.00 Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section	New Filing Section Division The Courts of Tallahusees	
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street. Suite 810		
Tallahassee, FL 32314	Tallahassee, FL 32303	

(M)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	(Must contain the words "Limited Liability	
	(Wast contain the words Elimited Elitotia	y Company, "L.L.C.," or "LLC.")
RTICLE II - Addr ne mailing address a	ress: and street address of the principal office of	the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
<u> 1</u> 307	Kasim St.	1307 Kasim St.
<u> </u>	locky FL. 33054	Opa-lucka FL. 33054
_		
1307 Opa-		Opa-lucka FL. 33:

Name

1307 hasim St

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

Opa-locka FL, 33054

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

120 Jul. 23 PH 3: 35

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Carlton Jackson
	
(Use attachment if necessary)	
Note: If the date inserted in this block does not the document's effective date on the Department RTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed a t of State's records.
_	
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
This document is execu	ated in accordance with section 605.0203 (1) (b), Florida Statutes
constitutes a third degre	the information submitted in a document to the Department of State et felony as provided for in s.817.155, F.S.
	iton Jackson
<u> </u>	(TT) ((C, P, Y))
	Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent
	Filing Fees:
	ganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	·
S 5.00 Certificate of Status (Option	lal)