

# L02000000/388

## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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**To:**

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**From:**

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES  
Account Number : 110450000714  
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## LIMITED LIABILITY COMPANY

FIT-N-FUN OF WESTON, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION**

for

**FIT-N-FUN OF WESTON, L.L.C.**  
A Florida Limited Liability Company

**ARTICLE I - Name**

The name of the Limited Liability Company is:

Fit-n-Fun of Weston, L.L.C.

**ARTICLE II - Address**

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

2042 Quail Roost Drive  
Weston, FL 33329

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company is:

Perpetual

**ARTICLE IV - Management**

The Limited Liability Company is a manager-managed company.

**ARTICLE V - Initial Registered Agent and Office**

The name of the initial registered agent and the Florida street address of the initial registered office is:

Pedro Somarriba  
2042 Quail Roost Drive  
Weston, FL 33329

  
Signature of Pedro Somarriba, Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Fit-n-Fun of Weston, L.L.C.

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

Pedro Somarriba  
2042 Quail Roost Drive  
Weston, FL 33329

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*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.*

By: \_\_\_\_\_

Pedro Somarriba, Registered Agent

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