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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

RECEIVED
02 NOV 19 PM 1:06
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
MAGIC SPA AND FITNESS L.L.C.

02 NOV 19 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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11-19-02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES I - Name:

The name of the Limited Liability Company is: Magic Spa and Fitness L.L.C.

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
10300 SW 72nd Street
suite 222
Miami, Florida 33173

ARTICLE III-Registered Agent, Registered Office, & Registered Agents Signature:

The name and the Florida, street address of the registered agent are:
Isreal Santamaria
1865 79th Street cswy
Apt. 2-M
North Bay Village, Fl. 33141

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 statute relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

ARTICLE IV-Management (Check box if applicable)

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

ISREAL SANTA MARIA
Typed or printed name of signer

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA