

L03000022970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

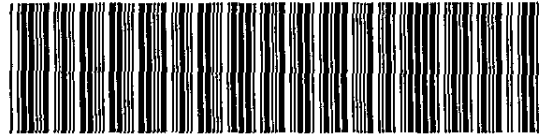
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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BK

FILED
03 JUN 24 PM 1:22
TALLAHASSEE, FLORIDA

RECEIVED
03 JUN 24 AM 11:29
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Sunstate Research
Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

FILED
JUN 24 PM 11:22
TALLAHASSEE
FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Primebodies Fitness LLC
(Corporation Name) (Document #) 1
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION OF

PRIMEBODIES FITNESS, LLC

ARTICLE I

Name

The name of the Limited Liability Company (the "Company") is:

PRIMEBODIES FITNESS, LLC

ARTICLE II

Address

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

4806 N. Kings Highway, Ft. Pierce, Florida, 34951

ARTICLE III

Registered Agent, Registered Office, and Registered Agent's Signature

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

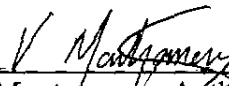
Vernon F. Montgomery
4806 N. Kings Highway, Ft. Pierce, Florida 34951

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles, 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.



Vernon F. Montgomery

Date: June 9, 2003



Vernon F. Montgomery, Authorized Representative

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