

L03000038288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

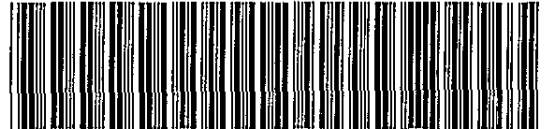
Special Instructions to Filing Officer:

855, 676, 671

10/8/03  
[Signature]

Office Use Only

W03-27379



000022963580

10/07/03--01036--015 \*\*25.00

09/19/03--01046--010 \*\*100.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

03 OCT - 8 AM 9:24

FILED

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**Chi TKD, LLC**

**Aaron Fruitstone  
157 Northwest 88 Street  
El Portal, Florida 33150  
(786)493-4095**

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chi TKD, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Fruitstone  
(Name of Person)

Chi Taekwon-Do  
(Firm/Company)

9699 Northeast 2<sup>nd</sup> Avenue  
(Address)

Miami Shores, Florida 33138  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Fruitstone at (786) 493-4095  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

03 OCT - 8 AM 9:24

**FILED**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 24, 2003

AARON FRUITSTONE  
157 NORTHWEST 88 STREET  
EL PORTAL, FL 33150

SUBJECT: CHI TKD, LLC  
Ref. Number: W03000027379

We have received your document for CHI TKD, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 003A00052633

FILED  
03 OCT - 8 AM 9:24  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chi TKD, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

9699 Northeast 2<sup>nd</sup> Ave.  
Miami Shores, Florida 33138

**Mailing Address:**

Chi Taekwon-Do  
9699 Northeast 2<sup>nd</sup> Avenue  
Miami Shores, FL 33138

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

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

Aaron Fruitstone  
Name

157 Northwest 88<sup>th</sup> Street  
Florida street address (P.O. Box **NOT** acceptable)

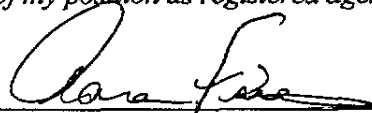
EL Portal FL 33150  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 as provided for in Chapter 608, F.S..*



Registered Agent's Signature

(CONTINUED)

**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:**

MGR

Aaron Fruitstone  
157 Northwest 88 Street  
El Portal, FL 33150

MGR

Reinaldo Trujillo  
780 Northeast 69 St. Unit 403  
Miami, FL 33138

MGRM

Maribel Fruitstone  
157 Northwest 88<sup>th</sup> Street  
El Portal, FL 33150

MGRM

Mary Lou Trujillo  
780 Northeast 69<sup>th</sup> Street Unit 403  
Miami, Florida 33138

(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.)

Aaron Fruitstone

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

OCT -8 AM 9:24

FILED