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TALLAHASSEE, FLORIDA

VALIDATION ONLY

01/07/04
Requestor's Name: Gabriel DeTurden
Address: 175 Fountainblue Blvd. #
Miami, FL 33172 1-R7
City State ZIP Phone
(305) 552-5777

CORPORATION(S) NAME

United States Boot Camp, LLC

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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January 9, 2004

EMPIRE

TALLAHASSEE, FL

SUBJECT: UNITED STATES BOOT CAMP, LLC
Ref. Number: W04000001149

We have received your document for UNITED STATES BOOT CAMP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A MEMBER or AUTHORIZED REPRESENTATIVE OF A MEMBER must sign at the bottom of the form.,

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 204A00001562

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF
UNITED STATES BOOT CAMP, LLC

ARTICLE I

The name of the Limited Liability Company is: United States Boot Camp,

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: 7585 S.W. 152nd Avenue, Apt G210, Miami, Florida 33193

ARTICLE III

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

Michael E. Castillo
7585 S.W. 152nd Avenue, Apt G210, Miami, Florida 33193

Having been named as register 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 status relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as register agent as provided for in chapter 608, F.S.


Register Agent's Signature

Article IV (applicable if box is checked.)

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



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.)

MICHAEL CASTILLO
Typed or printed name of Signee

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