2004 SEP 21 P 3,16

	SECRETARY OF STALLAHASSEF, FLOR	JE.
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State FILED

2004 SEP 21 P 3: 16 SECRETARY OF STATE TALLAHASSEE. FLORIDA

August 20, 2004

MICHAEL J. REARDEN, CFP 1000 SOUTH PINE ISLAND ROAD SUITE 510 PLANTATION, FL 33324

SUBJECT: FT. LAUDERDALE FITNESS, LLC

We have received your document for FT. LAUDERDALE FITNESS, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$75.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 704A00051350



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 10, 2004

FILED

2004 SEP 21 P 3: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MICHAEL J. REARDEN, CFP 1000 SOUTH PINE ISLAND ROAD SUITE 510 PLANTATION, FL 33324

SUBJECT: FT. LAUDERDALE FITNESS, LLC

Ref. Number: W04000033874

We have received your document for FT. LAUDERDALE FITNESS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 304A00054137

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

FILED

•	
TO: Registration Section Division of Corporations	7004 SEP 21 ₱ 3: 11
SUBJECT: To LAND COMA (Name of Limited Lia	LE PHONESS, LACLAHASSEE, FLORID, bility Company)
The enclosed Articles of Organization and fee(s) are submi	tted for filing.
Please return all correspondence co	oncerning this matter to the following:
Michal (Name	J. lewden
	les / PT. Lawoerbare Arthers
3010NB 40th 57	idress)
Et. La	WOUNTE, FL 37308 and Zip Code)
For further information concerning this matter, please call:	
Michael leavelus at	954 6582839
(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

ARTICLES OF ORGANIZATION **FOR**

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2004 SEP 21 P 3: 16

SECRETARY

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	TALLAHASSEE, FI
The name of the Limited Liability Company is:	· · · · · · · · · · · · · · · · · · ·
FT. LAVOIDARE	PHYRN, LLC
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3010 NE YOTHST	
FT. Law DENDAIR, PL 33300)
Location - 3045 N. From Hwy FT. Lamen Bare ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist	ice, or registered Agent's Signature.
_	n Michael lewden

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 proxided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Man	aging Member(s):	ILLU
The name and address of each Manag	ger or Managing Member is as f	ollows:
Title:	Name and Address:	2004 SEP 21 P 3: 16
"MGR" = Manager		SECRETARY OF STATE TALLAHASSEE, FLORIDA
"MGRM" = Managing Member		COMUN
M6L	Michael Reardy	116615
	Fr. Language	FU 32308
MGRM	Anistrani Cala	7.7014
	37 JASMINEV	
	- Sicklenville, N	08080
MGAM	Leonarus Deste	<u>funo</u>
	279 6, BB1 BEX	NT 08021
M.C. Osac		
M6 1m	NICK BALES	trieve
- · · · · · · · · · · · · · · · · · · ·	Bryton Beach	, FL 32435
(Use attachment if necessary)	- /	•
NOTE: An additional article must	he added if an effective date i	e reassested
NOTE. An auditional article must	t added it an effective date i	o i od acoecan
REQUIRED SIGNATURE		
IMM	W	
,	n authorized representative of a me	
(In accordance with section of this document constitutes that the facts stated herein ar	608.408(3), Florida Statutes, the execu an affirmation under the penalties of p acture.)	ation perjury
	Michael REARDEN	<u>/</u>
Typed or	r printed name	
Michael Rearden	llonard	Destefano.
	239 G. e	BSBORO Rd
3010 NE 40st		1, NJ 08021
Fort Lauderdale, FL		
33308	This R.	11
Anthony Capozzoli	Page 2 of 2	lestriere
=37 Jasmine Way	16 Villa	Circle
Sicklerville, NJ 08080	Doyton B	beach, FC 33435
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