

L05000010719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

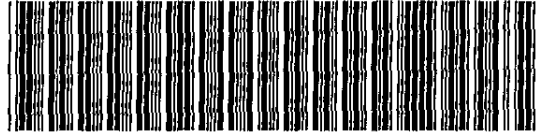
(Document Number)

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

Special Instructions to Filing Officer:

*BR*

Office Use Only



400045694444

RECEIVED  
05 FEB -2 AM 10:47  
DIVISION OF REGISTRATION  
STATE  
TALLAHASSEE, FLORIDA  
05 FEB -2 PM 12:44  
FEB 57



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 179442 7387612

AUTHORIZATION : *Patricia P. [Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : February 1, 2005

ORDER TIME : 9:20 AM

ORDER NO. : 179442-005

CUSTOMER NO: 7387612

CUSTOMER: Paul Becker  
Paul Becker, Esq.

6 Larkspur Court

New City, NY 10956

FILED  
05 FEB -2 PM 12:44  
TALLAHASSEE FLORIDA

DOMESTIC FILING

NAME: VICTORIA'S PERSONAL TRAINING,  
LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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

FILED  
05 FEB -2 PM 12:44  
SIGNATURE STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Victoria's Personal Training, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Victoria's Personal Training, LLC  
1538 South Federal Highway, Units  
1672 & 1686  
Delray Beach, FL 33483

**Mailing Address:**

Same as Principal Office Address

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

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

Victoria Pierini

Name

2344 Northeast 12th Street, Apt. Letter i

Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach, FLORIDA 33062

City, State, and Zip

*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, Florida Statutes..*



Registered Agent's Signature

**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:**

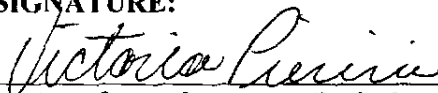
MGRM

2344 Northeast 12th Street, Apt. Letter i  
Pompano Beach, Florida 33062

(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.)

By: Victoria Pierini

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)**