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## Florida Department of State Division of Corporations Public Access System

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Division of Corporations Fax Number : (850)205-0383

From:

Account Name	ž	EMPIRE CORPORATE	KIT	COMPANY
Account Number	;	072450003255		
Phone	:	(305)634-3694		Ĩ
Fax Number	:	(305) 633-9696		

# LIMITED LIABILITY COMPANY

club life miami, llc

Name Availabilit <b>y</b>	
Document Examiner	DLC
Updater	<u>, , , , , , , , , , , , , , , , , , , </u>
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SORPORATION

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Club Life Miami, LLC

#### **ARTICLE II - Address:**

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

Principal Office Address:

3338 Virginia Street

Mailing Address:

3338 Virginia Street

Miani, Florida 33133 Mismi, Florida 33133

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

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

Louis J. Terminello, Esq. Name TERMINELLO & TERMINELLO, P.A. 2700 S.W. 37th Avenue		SECRE TALLAN	7835 M
Florida street address (P.O. Box NOT acceptable)			зэ́ v
Miami	PL 33133		<del>o</del>
City	, State, and Zip	<u> 10</u>	>

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)

### Page 1 of 2



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ARTICLE IV- Manager(s) or Managing Member(s); The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Shawn Shahnazi <u>3338 Virginis Street</u> Mismi, FL 33133
	······································
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(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.

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(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.) Shawn

Typed or printed name of signee

Shokmer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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