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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations FILED

2005 MAY 16 P 12: 59

SUBJECT: Fit to the CORE Pilates SECRETARY OF STATE TALLAHASSEE, FLORIDA (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: Theresa J Groth (Name of Person) Fit to the CORE Pilates (Firm/Company) 495 NE 4th Street, Suite 1 (Address) Delray Beach, FL 33483 (City/State and Zip Code) For further information concerning this matter, please call: at (561) 278-4525 (Area Code & Daytime Telephone Number) Theresa J Groth (Name of Person) Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & □ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET ADDRESS: **MAILING ADDRESS:**

Registration Section Division of Corporations 409 E. Gaines Street Tallahassoe, Fiorida 32399

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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FILED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	2005 MAY 16 P 12: 59		
The name of the Limited Liability Comp	any is: SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Fit to the CORE Pilates L.L.C.			
ARTICLE II - Address:	· -		
The mailing address and street address of	f the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
495 NE 4th Street, Suite 1	495 NE 4th Street, Suite 1		
Delray Beach, FL 33483	Deiray Beach, FL 33483		
The name and the Florida street address of	of the registered agent are:		
	Name		
1027 Nassau Street			
Florida s	treet address (P.O. Box NOT acceptable)		
Delray Beach, FL 3348	33 FL		
City	, State, and Zip		
liability company at the place designa registered agent and agree to act in this c	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete 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..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manag			
The name and address	of each Manag	ger or Managing Member is as follows:	g g g _ g
<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Member	Name and Address:	FILE 2005 MAY 1,6
MOKIAL - MINISTER	Monioci		TOOT LINE I'D
MGRM		Theresa J Groth	SECRETARY
		1027 Nassau Street	TALLAHASSÉE
		Delray Beach, FL 33483	
			
			
			····
			
			
(Use attachment if nece	ssarv)		
	<i>y</i> ,		
NOTE: An additional	article must	be added if an effective date is requested.	
REQUIRED SIGNAT	URE:		
T	Lui	16 with	
Signat	are of a member	r or an authorized representative of a member.	
of this	ordance with sec document constitute facts stated he	rtion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)	
Then	sa J Groth		
-1/ , -1	Tyı	ped or printed name of signee	

Filing Fees:

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