

LO5000078627

2005 AUG -5 P 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

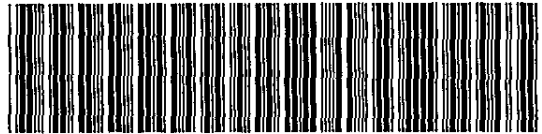
(Document Number)

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TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

SUBJECT:

*Capulets Fitness Center Enterprises LLC*  
(Name of Limited Liability Company)

2005 AUG 15 P 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

*Silvio G. Hidalgo*

(Name of Person)

*Capulets Fitness Center Enterprises LLC*

(Firm/Company)

*9517 Fontainebleau Blvd #003*

(Address)

*Miami, FL 33172*

(City/State and Zip Code)

For further information concerning this matter, please call:

*Silvio G. Hidalgo*

(Name of Person)

at *(786) 277-7901*

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Capulets Fitness Center Enterprises LLC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9517 FONTAINEBLEAU BLVD Suite 300 "SAME"  
MIAMI FLORIDA 33172

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

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

SILVIO G. HIDALGO

Name

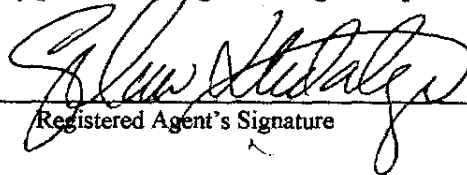
9521 FONTAINEBLEAU BLVD

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

MIAMI FL 33172

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, F.S.



Registered Agent's Signature

(CONTINUED)

**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

"MGR"

"MGRM"

**Name and Address:**

SEBASTIAN G. HIDALGO

9517 FONTAINE BLEAU BLVD

MIAMI FLORIDA 33172

OSCAR VARGAS

9521 FONTAINE BLEAU BLVD

MIAMI FLORIDA 33172

**FILED**

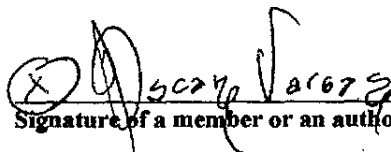
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.)

OSCAR VARGAS

Typed or printed name of signee

**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)**