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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ĉit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	1
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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor						
SUBJECT: Full Circle	Fitness, LLC (Name of Limited	l Liability Company)		_		
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.				
Please return all correspo	ondence concerning this matte	r to the following:				
Tony Roo	gers (t	Jame of Person)				
Full Circle Fitness, L	10			21.0 0.5	05 SE	
Full Circle Fittless, Li		Firm/Company)		1	` '0	
7051 Jarvis	Road			F STATE	05 SEP -7 PM 2: 16	HLL
		(Address)		ORIDA ADIRIC	2:16	
Saras	ota, FL 34241					
	(City/	State and Zip Code)				
For further information of	concerning this matter, please	call:				
Tony Rogers		at (941) 544-4563		_		
(Name	of Person)	(Area Code & Daytime Te	elephone Number)			
Enclosed is a check for	r the following amount:					
1 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Certificate of Standard Copy (additional copy is a	atus &		

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	s:	
Full Circle Fitness, LLC		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Compa	ıny is:
Principal Office Address:	Mailing Address:	
7051 Jarvis Road	7051 Jarvis Road	
Sarasota, FL 34241	Sarasota, FL 34241	
	S	05
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:	05 SEP -7
The name and the Florida street address of the	registered agent are:	7 P.H
Tony Rogers	HOOF.	
Nam		PH 2: 16
7051 Jarvis Road		
Florida street a	ddress (P.O. Box NOT acceptable)	
Sarasota, FL 34241	FL	
City, State		
University have named as positioned around and the		

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..

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:			
"MGR" = Manager				
"MGRM" = Managing Member				
MGR	Tony Rogers			
	7051 Jarvis Road			
	Sarasota, FL 34241			
MGR	Christopher D. Warren			
	8709 52nd Ave E			
	Bradenton, FL 34211			
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(Use attachment if necessary)		京司	6	
NOTE: An additional article must be	e added if an effective date is requested.		Ψ,	
DECHIDED SIGNATUDE.				
REQUIRED SIGNATURE:				
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0/00/10				
Signature of a member of	or an authorized representative of a member.			
(In accordance with section	on 608.408(3), Florida Statutes, the execution			
of this document constitution that the facts stated here	tes an affirmation under the penalties of perjury ein are true.)			
Tony Rogers				
Туре	d 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)