

**LD5000101429**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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Fax Number : (305) 633-9696

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 13 AM 10:40

**LIMITED LIABILITY COMPANY**

**fitsource training solutions, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 13, 2005

EMPIRE

SUBJECT: FITSOURCE TRAINING SOLUTIONS, LLC  
REF: W05000047077

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Did not list the titles in Article IV.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Neysa Culligan  
Document SpecialistFAX Aud. #: H05000241783  
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Division of Corporations - P.O. BOX 6827 -Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **FitSource Training Solutions, LLC**

**ARTICLE II - Address:**

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

Principal Office Address:

12216 SW 132 Ct.  
Miami, FL 33186

Mailing Address:

Same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

**ALAN K. MARCUS, ESQ.**  
Name

**GABLES ONE TOWER, SUITE 1045  
1320 SOUTH DIXIE HIGHWAY**  
Florida street address (P.O. Box NOT acceptable)

**CORAL GABLES, FLORIDA 33146**  
City, State, and Zip

*Having been named a 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 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:

**Title:**

MGR = Manager

MGRM = Managing Member

**Name and Address:**

MGRM -Cynthia Alonso


8401 SW 110 Street, Miami, FL 33176

MGRM -Yamin Mercedes

15310 SW 8 Way, Miami, FL 33194

(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.)

Yamin Mercedes  
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)

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