(Requ	uestor's Name)			
(Addr	ress)			
,	,			
(Address)				
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	ne)		
(Doct	ıment Number)			
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Certified Copies	Certificates	s of Status		
Special Instructions to Fi	ling Officer:			

Office Use Only



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COVER LETTER

Division of Co			
SUBJECT: A KI	OS GYM, L.L.C.		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
JOY CLO	RE	٠	
	(I	Name of Person)	DOB JA
	(Firm/Company)	- W. W.
1495 Eva	ans Street #400		SEE PLONIES 33
		(Address)	10g 33
Oviedo,	Florida 32765		OHO OHO
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call;	
Joy Clore		at (407) 365-68 (Area Code & Daytime To	00
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	15:
A KIDS GYM, L.L.C.	
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1495 Evans St. #400	1495 Evans St. #400
Oviedo, Florida 32765	Oviedo, Florida 32765
<u></u>	
	red Office, & Registered Agent's Signature: Pagistered Agent. You must designate an individual ordanother are registered agent are:
JOY CLORE	
Na	me
1495 Evans St. #400	•
Florida street	address (P.O. Box NOT acceptable)
Oviedo, Florida 32765 City, Sta	e, and Zip
Having been named as registered agent and	to accept service of process for the above stated limited

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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" = Mar		Name and Address:
	lanaging Member	
<u>MGRM</u>	_ 	Joy Clore
		1495 Evans St. #400 Oviedo, Florida 32765
		Oviedo, i londa 02100
		FILL PH 3: 33
		50 5
		9 P
		
(Use attachme	ent if necessary)	
`	• •	
	ve date, if other than the da	
		specific and cannot be more than five business days pri
or 90 days after the	e date of filing.)	
REQUIRED	SIGNATURE:	
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	\nearrow	$\sim 10^{-1}$
		De Chore
	Signature of a member	or an authorized representative of a member.
	(In accordance with secti-	on 608.408(3), Florida Statutes, the execution
	(In accordance with secti-	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
	(In accordance with secti- of this document constitu	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

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)