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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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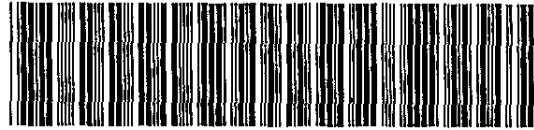
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWAT Workout Fitness, LLC.
(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:

S. Mike Torney
(Name of Person)
SWAT WORKOUT FITNESS, LLC
4630 S. KIRKMAN RD, STE 604
(Firm/Company)
OR 4630 S. KIRKMAN RD, STE #604
(Address)
ORLANDO, FL 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

S. Mike Torney at (407) 448-1258
(Name of Person) (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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SWAT WORKOUT Fitness, LLC.
(Must end with the words "Limited Liability Company," "Limited 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:

4630 S. KIRKMAN RD
STE #604
ORL FL 32811

Mailing Address:

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

S. MIKE TORMEY
Name

4630 S. KIRKMAN RD, STE #604
Florida street address (P.O. Box NOT acceptable)

ORL FL 32811
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.

S. Mike Tormey
Registered Agent's Signature (REQUIRED)

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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

S. Mike Torrey
4630 S. KIRKMAN RD, #604
OKI FL 32811

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

S. Mike Torrey
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.)

S. Mike Torrey
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)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **SWAT WORKOUT FITNESS, LLC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **4630 S. KIRKMAN RD #604
ORLANDO FL 32811**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **BUILDING FITNESS FACILITIES**

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

I.P. S. MIKE TORNEY, 4630 S. KIRKMAN RD #604 ORL, FL 32811
Pres. Tom STROUP, 4630 S KIRKMAN RD #604 ORL, FL 32811

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

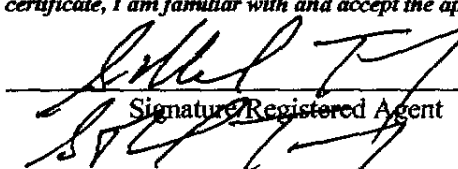
**S. MIKE TORNEY
4630 S. KIRKMAN RD #604, ORL FL 32811**

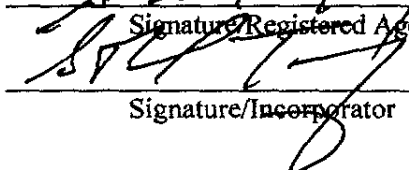
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**S. MIKE TORNEY
4630 S. KIRKMAN RD #604
ORL FL 32811**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator

2/8/06

Date
2/8/06

Date

NOT NEEDED