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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Co		,	
SUBJECT: Westch	nase Fitness Club, LL	С	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
Brian M. B	ilodeau, Esq.		
	(Name of Person)	
Law Office	of Brian M. Bilodea	Ц	
	((Firm/Company)	
8370 Wes	t Hillsborough Ave	nue, Suite 201	
	. ~	(Address)	
Tampa, F	lorida 33615		o o
		/State and Zip Code)	72 %
			O clephone Number)
For further information	concerning this matter, please	call:	SSE P
Brian M. Bilodea	u	at (813) 882-447	O PS F.
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		· ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
_	\$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 Addres 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 is:	
Westchase Fitness Club, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Westchase Fitness Club, LLC 12609 Race Track Road	Westchase Fitness Club, LLC P.O. Box 896 Oldsmar, Florida 34677-0896
Tampa, Florida 33626	Oldsmar, Florida 34677-0896
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the response Brian M. Bilodeau, Esquire	F. G. F. G.
Name	
8370 W. Hillsborough Avenu	ue, Suite 201
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)
Tampa	FL 33615
City, State, and	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and teredagent 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" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Maria Alcantara Drain	_
······	P.O. Box 896	
	Oldsmar, Florida 34677-0896	
	•	_
		_
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		ONAL) OR STANDS OF STANDS days prior
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(Use attachment if necessary)		SET OF P
RTICLE V: Effective date, if other than the		ONAL) ES
	pe specific and cannot be more than five busines	s days prio 🦳
o or 90 days after the date of filing.)		7
DECLIDED SIGNATURE	/ /	
REQUIRED SIGNATURE:		
Marcel	eca Atai.	
Signature of a memb	er or an authorized representative of a member.	
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	
that the facts stated		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Maria Alcantara Drain

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee