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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: B2B F	itness		
		d Liability Company)	
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Beaudou	in Taillefer		
		Name of Person)	
	(Firm/Company)	
31824 G	rand Reserve Pl	ace	0
		(Address)	TARE AL
Wesley (Chapel, FL 3354	14	OF AUG 2)
	(City	/State and Zip Code)	· SSET
For further information	concerning this matter, please	call:	AN IO: 44 SSEE FLORID
Beaudouin Ta	illefer	at (813) 469-34	
(Name	e 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 is:	
B2B Fitness 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:
31824 Grand Reserve Place Wesley Chapel, FL 33544	31824 Grand Reserve Place Wesley Chapel, FL 33544
ARTICLE III - Registered Agent, Registered (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 re-	egistered agent are:
Beaudouin Taillefer	
Name	
31824 Grand Reserve F	Place ress (P.O. Box <u>NOT</u> acceptable)
Wesley Chapel	FL 33544
City, State, a	nd 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..

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	
<u>"MGR"</u>	Beaudouin Taillefer
	Wesley Chapel, FL 33544
	•
 	PAR A
	SECRETATION OF STATE OF LOND
	- Strong B
	STATE STATE
(Use attachment if necessary)	

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.)

Beaudouin Taillefer

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)