

LO7000008744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

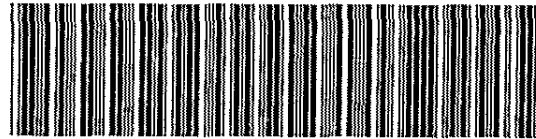
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/16/07--01021--003 \*\*125.00

Effective Date

1/9/07

upl. date  
W07-2806

B. Tadlock JAN 24 2007

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 16 PM 1:32

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GYM-BAZ, 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:

ALI HAMOUD

(Name of Person)

GYM-BAZ, LLC

(Firm/Company)

3243 N.E. 12TH STREET APT 4

(Address)

POMPANO BEACH, FLORIDA 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

ALI HAMOUD

(Name of Person)

at ( 248 ) 478-2212

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2007

ALI HAMOUD  
GYM-BAZ, LLC  
3243 NE 12TH ST., APT. #4  
POMPANO BEACH, FL 33062

SUBJECT: GYM-BAZ, LLC  
Ref. Number: W07000002806

We have received your document for GYM-BAZ, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 16, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 207A00004179

954-785-9222

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GYM-BAZ, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

Effective Date 1/9/07

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DIVISION OF CORPORATIONS

## ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3243 N.E. 12TH STREET, APT #4  
POMPANO BEACH, FLORIDA 33062

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:

ALI HAMOUD

Name

3243 N.E. 12TH STREET

Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH FL 33062

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.*

*Ali Hamoud*  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

ALI HAMOUD- MGRM

**Name and Address:**

3243 N.E. 12TH STREET  
POMPANO BEACH, FLORIDA 33062

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 1, 2007 (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:**

  
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.)

ALI HAMOUD

Typed or printed name of signer

**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)