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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: FIT CITY LLC (Name of Limited Liability Company)		
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
-	Sonya Griffin (Name of Person)		
-	Fit City, LLC		
	(Firm/Company)	07 1	151A10
-	1028 Crystal Dowl Cir (Address)	07 HAY 21	発展の対象
	Casselberry, FL 32707 (City/Slate and Zip Code)	고	CORPORATIONS
For furt	her information concerning this matter, please call:	1:07	ATIONS
	Signya Guillory Griffih at (407) 491-3637 (Area Code & Daytime Telephone Number)		
Enclos	ed is a check for the following amount:		
□ \$125	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$2 Certified Copy (additional copy is enclosed) \$\bigcup \\$3 160.00 Filing Certificate of Statu Certified Copy (additional copy is enclosed)	ıs &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	•
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Same	1028 Crystal Bowllin Casselberry FL 32707
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
Florida street add Casse Derry City, State, la	BowlCic Iress (P.O. Box NOT acceptable) FL 32707
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered 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:

Title:	Name and Address:	
"MGR" = Mana; "MGRM" = Mar		
MGR	Edward Criffin	
•	Casselberry FL 32707	
MGR_	Sonya Briffin	
	Casselbetry PL 32707	밁
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(Use attachment	if necessary)	
ICLE V: Effective		AL)
ICLE V: Effective effective date is lis	date, if other than the date of filing: (OPTION asted, the date must be specific and cannot be more than five business date.	AL)
ICLE V: Effective effective date is lis 90 days after the d	date, if other than the date of filing: (OPTION and the date must be specific and cannot be more than five business date of filing.)	AL)
ICLE V: Effective effective date is lis	date, if other than the date of filing: (OPTION and the date must be specific and cannot be more than five business date of filing.)	AL)
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ICLE V: Effective effective date is lis 90 days after the d	date, if other than the date of filing:	AL)
ICLE V: Effective effective date is lis 90 days after the d	date, if other than the date of filing: (OPTION sted, the date must be specific and cannot be more than five business date of filing.) GNATURE: Signature of a member or an authorized representative of a member.	AL)

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)