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(Requestor's Name)		
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(City/State/Zip/Phone #)		
☐ PICK-UP ☐ WAIT ☐ MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
Certified Copies Certificates of Status		
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: 11/02/07--01008--02**5** **130.0

Effective Date 11/01/17

07 NOV -2 AMII: 20

SECRETARY OF STATE DIVISION OF CORPORATIONS From:

Ängela B. Byrd 3161 Village Blvd. #303 West Palm Beach, FL 33409 336-592-1492 561-687-3348

To:

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314 850-245-6051

Attached are the Articles of Organization for Step-Up Personal Training, LLC. The requested effective date is 11-01-2007, but if that is more than 5 business days prior to the filing, the effective date can be changed to whatever date the paperwork is filed. Thank you and have a great day!

Angela B. Byrd

Awayla B. Bynd 10/30/07 P.S. Please send on certificate of Status. Thank you!

11/01/07 Effective Date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Step-Up	Personal Training	A,LLC		
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")				
ARTICLE II - Add	iress:			
The mailing address	and street address of the pr	rincipal office of the Limited		
Liability Company i	is:			

Principal Office Address:	Mailing Address:
3161 Village Blud. #303	P.O. Box 223034
West Palm Beach, FL 33409	West Palm Beach, FL 33422

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.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Angela B. Byrd Name		
Name		
3161 Village Blvd. #303		
Florida street address (P.O. Box NOT acceptable)		
West Palm Beach, FL 33409		
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..

Inoxla B. Byyd 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 "MGRM" = Managing Member	Name and Address:
MGRM	Angela B. Byrd. #303 3161 Village Blvd. #303 West Palm Beach, FL 33409
MGRM	Mark A. Byrd 3161 Village Brvd. # 303 West Palm Beach, FL 33409
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the (OPTIONAL) (If an effective date is listed, the date must business days prior to or 90 days after the date.	be specific and cannot be more than five
NEOLUNEN CICAL TUDE.	

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.)

Angela B. Byrd (AND) Mark A. Byrd
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)

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