

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

1 (850)617-6383 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

ORIDA/FOREIGN LIMITED LIABILITY CO.

lents pilates delray, l.l.c.

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J. BRYAN

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

LENTS PILATES DELRAY, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall be: LENTS PILATES DELRAY, L.L.C.



ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 8601 SURREY LANE, BOCA RATON, FL 33496

ARTICLE IV

The name and the Florida street address of the registered agent: SHANNON LENTS, 8601 SURREY LANE, BOCA RATON, FL 33496

ARTICLE V

The name of the Managing Member(s) shall be:

MANAGING MEMBER SHANNON LENTS

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

ts Pilates Delray, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

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.)

Typed or printed name of signee