0800051027

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OR MAY 21 AM 11: 4.2 SECHETARY OF STATE SECHETARY OF STATE

, COVER LETTER

TO: Registration Section Division of Corporations	· ·	W. C.
SUBJECT: The Gym 111, LLC		
. 5055251.	mited Liability Company)	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Harry F and Phyllis C Sica	1	
	(Name of Person)	
	(Firm/Company)	
1491 Estuary Trail		
	(Address)	7.0
Deiray Beach, FL 33483		AECR #
	(City/State and Zip Code)	21 HAS
For further information concerning this matter, pl	ease call:	08 MAY 21 AM 11: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Phyllis Sica	at (561) 504-777	75. 誤 艺
(Name of Person)	(Area Code & Daytime Te	
Enclosed is a check for the following amount	•	
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Gym 11		Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad-		ne principal office of the Limited Liability Company is:	
Principal Office A	ddress:	Mailing Address:	
1491 Estuary Trail Delray Beach, FL 3348	3	1491 Estuary Trail Delray Beach, FL 33483	
(The Limited Liability Co business entity with an a		ered Office, & Registered Agent's Signatures. Registered Agent. You must designate an individual or another in the registered agent are:	
	Harry F Sica	STAIT LORAL	
		ame	
	1491 Estuary Tra	ail	
	Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	
	Delray Beach	_{FL} 33483	
	City, St	ate, and Zip	
liability compar	ny at the place designated	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all	

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	Harry F Sica
MGR	Phyllis C Sica
	OB MAY 21 P
	OF STATE
(Use attachment if necessary)	夏為 花
	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior

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.)

Harry F Sica

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)