

L08000084552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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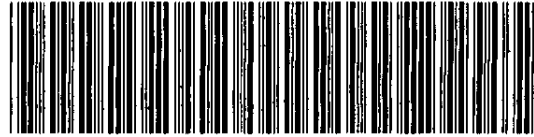
(Business Entity Name)

(Document Number)

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400135324094

Effective Date 09/01/08

09/04/08--01019--014 **160.00

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DIVISION OF CORPORATIONS
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J. BRYAN

SEP - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FITNESS FUTURE
(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:

STEVE D'AMBROSIO
(Name of Person)

CABLEORGANIZER.COM
(Firm/Company)

5610 NW 12TH AVE SUITE 214
(Address)

FORT LAUDERDALE FLORIDA 33309
(City/State and Zip Code)

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For further information concerning this matter, please call:

STEVE D'AMBROSIO at (954) 663-1858
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FITNESS FUTURE, L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

5610 NW 12 Th Ave. Ste 214
FORT LAUDERDALE, FLORIDA
33309 c/o STEVE D'AMBROSIO

Mailing Address:

5610 NW 12 Th Ave Ste 214
FORT LAUDERDALE FLORIDA
33309 c/o STEVE D'AMBROSIO

Effective Date 09/01/08

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:

STEVE D'AMBROSIO

Name

2931 NW 2nd Ave

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

Pompano Beach FL 33064

City, State, and Zip

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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..



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

Name and Address:

MGR

STEVE D'AMBROSIO
2931 NW 2nd Ave
Pompano Beach Florida 33064

MGRM

Paul Holstein
1141 SE 9TH TER.
Pompano Beach Florida 33060

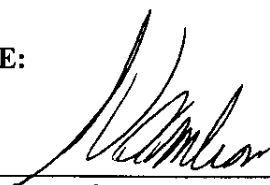
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ARTICLE V: Effective date, if other than the date of filing: 09/01/2008 (OPTIONAL)

(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.)

STEVE D'AMBROSIO

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)