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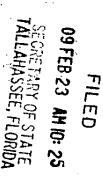
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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B. KOHR

FEB 2 5 2009

EXAMINER

COVER LETTER

	tration Section Ion of Corporations	
SUBJECT:	BURN FITNESS LLC	
SCHOLET.	(Name of Limited Liability Company)	
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please return	Il correspondence concerning this matter to the following:	
ASH	LEY HIRSCH	
	(Name of Person)	760
BU	RN FITNESS LLC	183
	(Firm/Company)	
740	S BRIELLA DRIVE	100
	(Address)	62 3
BO	NTON BEACH, FL 33437	Br.
	(City/State and Zip Code)	•
For further in	ormation concerning this matter, please call:	
ASHLEY	HIRSCH at (561) 706-6569	
· · · · · · · · · · · · · · · · · · ·	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:	
□\$125.00 Fili	ng Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & ✓ \$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:			
BURN FITNESS LLC				
(Must end with the words "Limited l	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	ne principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
7406 BRIELLA DRIVE	7406 BRIELLA DRIVE			
BOYNTON BEACH, FL 33437	BOYNTON BEACH, FL 33437			
The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of the ASHLEY HIRSCH	TALLS SECTION			
N	ame El 82 T			
7406 BRIELLA D	RIVE SET ASSET			
	et address (P.O. Box NOT acceptable)			
BOYNTON BEAC	H FL 33437			
City, St	ate, and Zip			
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and 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:

MGR	ASHLEY HIRSCH 7406 BRIELLA DRIVE
	BOYNTON BEACH, FL 33437
MGR	JAIME SHERIDEN
	7360 SERRANO TERRACE
	DELRAY BEACH, FL 33446
Use attachment if necessary)	
	he date of filing: N/A . (OPTIC) be specific and cannot be more than five business

•

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.)

ASHLEY HIRSCH

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)