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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
ALLARASSEE ELOPINA

B. KOHR

MAR 1 2 2009

EXAMINER

COVER LETTER

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Division of Corp				
SUBJECT: Fitness	Pro LLC			
Jobatet.	(Name of Limite	d Liability Company)		
The enclosed Articles of O	organization and fee(s) are s	ubmitted for filing.	1.)	_
	dence concerning this matte		EFFECTIVE DATE 3 10 00	4
Melissa Sull	ivan		A PER A	4
	O	Name of Person)		7
			SS 2	, ·
	(Firm/Company)	TO TO	بر
1400 village	Square Blvd #3-	293	AB	•
		(Address)		
Tallahassee	FL 32312		V	
	(City,	State and Zip Code)	-	
For further information cor	ncerning this matter, please	call:		
Pat Sullivan		at (850) 25°	1 9165	
(Name of	Person)		ytime Telephone Number)	
Enclosed is a check for t	he following amount:			
▼\$125.00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is enc	Certificate of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courler Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	tion porations Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	:
Fitness Pro LLC	
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
the maning address and street address of the p	Thicipal office of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
1400 Village Square Bivd #3-293	same EFFECTIVE DATE 3 10 00
Tallahassee, FL 32312	THE DIVERSITY OF THE PARTY OF T
	'
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are: dress (P.O. Box NOT acceptable)
Melissa Sullivan	是高事工
Name	
1588 Chadwick Way	<u>/</u>
Florida street ad	dress (P.O. Box NOT acceptable)
Tallahassee, FL 323	112 6
City, State,	

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)

Mehon a Telle

(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>		Name and Address:	
	" = Manager M" = Managing Member		
MUK	vi – Managing Member		
mgr		Pat sullivan	
		1588 Chadwick Way	
		Tallahassee, FL 32312	

ARTICLE V:	tachment if necessary) Effective date, if other than the		
		e specific and cannot be more than five busing	ess days prio
to or 90 days a	fter the date of filing.)		
REQU	<u>IRED</u> SIGNATURE:		
	621	'(
	Signature of a party	ar authorized consequents tive of a member	
	_ ,	r or an authorized representative of a member.	
	(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	
	that the facts stated h	erein are true.)	
	All d	AT Sullinon	
	$ Y_{Ty }$	ped 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)