

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000065845 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

# FLORIDA/FOREIGN LIMITED LIABII

10 fitness, ilc

ভূতি Electronic Filing Menu

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Corporate Filing Menu

HelpT. CLINE

MAR 2 3 2009

**EXAMINER** 

l of 1

3/20/2009 12:48 PM

90:51 6002/02/60



H09000065845

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

10 Fitness, LLC

#### ARTICLE II - Address:

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

848 Brickell Key Drive #3103 Miami, Fl 33131

## ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florids street address of the registered agent is:

<u>Fernando J. Pomares</u> Name 12002 SW 128 Court # 104 Florida street address (P.O. Box NOT acceptable) Miami, Florida 33186 City, State, and Zip

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 tentures relating to the proper and complete performance of my duties, and I am familiar with and accept the obligatings of my position as registered agent as provided for in Chapter 608.F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

J The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company.

(An additional article must be added if an

effective data is requested

Signature of a member of an authorized representative of. a member.

(In accordance with section 608,408(3), Florida Staputes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lissotte J. Agudelo, Managing Member Typed or printed name of signee

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of

(In accordance with section 608.40(3), Florida Statures the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

H09000065845

H09000065845

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:
	10 Fitness, LLC
2.	The name and the Florida street address of the registered agent and office is:
	Fernando J. Pomares
	Name 12002 SW 128 Court, # 104
	Florida street address (P.O. Box NOT acceptable)
	Miami, Florida 33186
•	City, State, and Zip
Having	been named as registered agent and to accept service of process for the above stated limited liability company at a designated in this certificate I hereby accept the appointment as registered agent and agree to act in this
canacin	I further some to comply with the Provisions of all statutes relating to the proper and complete performance of
my duti Chapter	City, State, and Zip  been named as registered agent and to accept service of process for the above stated limited liability company at a designated in this certificate I hereby accept the appointment as registered agent and agree to act in this in the Provisions of all statutes relating to the proper and complete performance of as, and I am familiar with and accept the obligations of my position as registered agent as provided for its 8 cost, F.S.
•	FIG. T.S.
	(Signature)

H090000 65845