

LD9000093253

Florida Department of State
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.

((H09000208743 3)))



H090002087433ABCO

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 : CSN SERVICES, LLC
Account Number : 12C070C00160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 28 AM 8:20

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CKI FITNESS ON THE GO LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

C. LEWIS

SEP 29 2009

EXAMINER

RECEIVED

09 SEP 28 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

#09000208743.3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CKI FITNESS ON THE GO LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

4601 66TH ST W 1812B
BRADENTON, FLORIDA 34210

The mailing address of the Limited Liability Company is:

PO BOX 11223
BRADENTON, FLORIDA 34282

FILED
2009 SEP 28 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

CHARLENE MCLAURIN RAMIREZ
4601 66TH ST W 1812B
BRADENTON, FLORIDA 34210

Having been named as registered agent 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.


CHARLENE MCLAURIN RAMIREZ / Registered Agent's signature

#09000208743.3

41-09000208743.3

PAGE 2 CKI FITNESS ON THE GO LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

CHARLENE MCLAURIN RAMIREZ

PO BOX 11223

BRADENTON, FLORIDA 34282

.....



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.

CHARLENE MCLAURIN RAMIREZ

2009 SEP 28 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

41-09000208743.3