## L 10000019746

(Requestor's Name)				
(Addross)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
,				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
On right and the Filling Off				
Special Instructions to Filing Officer:				
A. LUNT				
FEB <b>2 2</b> 2010				
EXAMINER				

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2010 FEB 19 PH 2: 36
SECRETARY OF STATE.

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## **COVER LETTER**

SUBJECT:	Baiamonte	Boxing and Fitness II	С	
		d Liability Company		
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
		ew Baiamonte Jr. Name of Person		
	Baiamonte	Boxing and Fitness Ilc		
		Firm/Company		
	1658	Jackson Street	F.	20
		Address	ECRET ECRET	10 FEB 1 9
<del> </del>		Wood, Fl. 33020 State and Zip Code	A SSE	9
	-	<u>.</u>	EE. FLORIDA	PH
<del></del>	E-mail address: (to be used fo	ng@hotmail.com r future annual report notification)	RS ATA	2: 36
For further information	on concerning this matter, please	call:	팃ᆔ	36
	w Baiamonte Jr.	at ( 954 ) 3 Area Code & Daytime Tele	83-6288 phone Number	
Enclosed is a check	for the following amount:			
<b>]\$</b> 125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is en-	us &
	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 C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lin	e: nited Liability Compa	any is:		
(Musi	Baiamonte Box t end with the words "Limite	ting and Fitness IIc	or "LLC.")	
ARTICLE II - Add The mailing address		the principal office of the	Limited Liability Con	mpany is:
Principal Office Ad	ldress:	<b>Mailing Address</b>	<u>:</u>	
1658 jackson stree hollywood, fl. 3302		1658 jackson str hollywood, fl. 33		
	npany cannot serve as its ow	stered Office, & Register n Registered Agent. You must des		
The name and the Fl	lorida street address o	f the registered agent are:	HASS	EB 19
-	Matthey	w Baiamonte Jr Name	EE. FLO	
-	·	lackson street ss (P.O. Box <u>NOT</u> acceptable)	STATE LORIDA	: 37
-	Hollywood, Fl. 33	1020 FL 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 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)

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Matthew Baiamonte Jr.  1658 Jackson Street Hollywood, Fl. 33020  PM  PM  PM  PM  PM  PM  PM  PM  PM  P
	2: 31
(Use attachment if necessary)	
nn effective date is listed, the date must be r 90 days after the date of filing.)	date of filing: <u>Feb. 17, 2010</u> . (OPTIONAL) e specific and cannot be more than five business days prio
REQUIRED SIGNATURE:  Signature of a membe	er or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
M Ty <u>Filing Fees:</u>	fatthew Baiamonte Jr. ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)