L1000063327

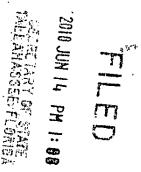
(Re	equestor's Name)	
(Ad	ldress)	
, (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
\ 2	, , , , , , , , , , , , , , , , , , , ,	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		- —
Special Instructions to	النامناه والم	17
	JUN 15 20	
	XAMIN	IER
	"_/IAIII.	

Office Use Only



900181852169

06/14/10--01043--002 **155.00



COVER LETTER

TO:	Registration Division of C							
SUBJ	ECT: Crossfi							
		Name of Limi	ted Liability Co	ompany				
The er	nclosed Articles	of Organization and fee(s) are	submitted for t	filing.				
Please	return all corres	pondence concerning this mat	ter to the follow	ving:				
	Roger Taitt							
			Name of Person	n				
			Firm/Company	,				
	2656 NW 79	Ave						
			Address			24-1	~1	
	Margate, Fl 3	3063					Z 11107	
		Cit	ty/State and Zip (Code		327 ·	- Jan 14	
	Crossfitstorm					60 st.	_	
		E-mail address: (to be used	for future annual	report notification	on)	<u>,다라</u>	P	
For fu	rther information	concerning this matter, pleas	e call:			52	PH ::	C.
Roge	r Taitt		at (_954	\347-95	49	CIVE OF	(E)	
	Name	of Person		Code & Daytime	Telephone Numb	ег		
Enclos	sed is a check f	or the following amount:						
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	2\$155.00 F Certified (additional) Certified	te of Stati	us &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Addu tration Section ion of Corporat in Building Executive Cent hassee, FL 3230	tions ter Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability	Company is:	
Crossfit Storm			
(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing add	ress and street add	ress of the principal office of the Limited L	iability Company is:
Principal Office	Address:	Mailing Address:	
2656 NW 79 Ave		2656 NW 79 Ave	
Margate, Fl 33063		Margate, Fl 33063	
······			
business entity with a	an active Florida registra	as its own Registered Agent. You must designate an indiation.) dress of the registered agent are:	2018
		Name	
	2656 NW 79	Ave	
	F	lorida street address (P.O. Box NOT acceptable)	H TE
	Margate	FL 33063	
		City, State, and Zip	
liability comp registered agent statutes relatin	pany at the place do and agree to act in g to the proper and	agent and to accept service of process for the esignated in this certificate, I hereby accept to this capacity. I further agree to comply wit d complete performance of my duties, and I a sition as registered agent as provided for in	e above stated limited the appointment as th the provisions of all am familiar with and
		\supset . /	
		were all	
-	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:

<u>Title:</u> "MGR" = Manager	Name and Address:	- ·
"MGRM" = Managing Member		78 1
MGRM	Roger Taitt	TALEAHASE
	2656 NW 79 Ave	75.5
	Margate, FI 33063	7-15-15
MGRM	Brandon L Corle	(C) G2 (U) G442
	920 Breezy Rd	this first
	Lake Placid, FI 33857-3036	فالما
MGRM '	Manuel Gonzalez	
	3340 Palomino Dr #224	
	Hollywood, FI 33024-2348	
(Use attachment if necessary)		
LE V: Effective date, if other than the ffective date is listed, the date must be		(OPTIONAL
days after the date of filing.)	•	
REQUIRED SIGNATURE:		

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee