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(Req	uestor's Name)	
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SECRETARY OF STATE

Office Use Only

COVER LETTER

10:	Division of Co	orporations	* •	
SUBJEC	т:К	IDS FITNESS PA	LACE	
	•		ted Liability Company	
The enclo	sed Articles o	f Organization and fee(s) are	submitted for filing.	
Please ret	urn all corresp	oondence concerning this ma	tter to the following:	
_	M	ARLON BAILEY	A	
			Name of Person	
_	PR	ECISION PERSONAL		
			Firm/Company	
_	99	6 SW 132ND 5	Address	
			Address	
		MIAMI FL 33176		
		1	ity/State and Zip Code	
···		recision train	for future annual report notification)	·
		precisontrainer@	hotmail.com	
For furthe	r information	concerning this matter, pleas	se call:	
	MARLO	N	at (305) 270 1333	
	Name	of Person	Area Code & Daytime Telephone N	lumber
Enclosed	is a check fo	or the following amount:		
0\$ 125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	
		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 Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
KIDS FITNESS PALACE LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC	2.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Lim	ited Liability Company is:
Principal Office Address: Mailing Address:	
8861 SW 132ND ST 8861 SW 132ND	ST
MIAMI FL 33176 MIAMI FL 3317	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate business entity with an active Florida registration.)	an individual or another
The name and the Florida street address of the registered agent are:	SE SE
MARLON BAILEY	FIL SEP 17 CRETAR
Name	SEE C
886 SW 32MD ST Florida street address (P.O. Box NOT accepta	FILED P 17 AM 10: 53 TARY OF STATE HASSEE, FLORIDA
MIAMI FL FL 33176 City, State, and Zip	Dem es

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)

(CONTINUED)
Page 1 of 2

"MGR" = Manager "MGRM" = Managir	ng Member	Name and Address:
MGR		MARLON BAILEY 8861 SW 132ND ST MIAMI FL 33176
MGR		MARISOL MARRERO 886 SW 132ND ST MIAMI PL 33174
(Use attachment if no	ecessary)	
LE V: Effective date ffective date date days after the date of	the date must be	date of filing: (OPTIO e specific and cannot be more than five business
ffective date is listed,	the date must be of filing.)	date of filing: (OPTIO e specific and cannot be more than five business
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ffective date is listed, days after the date of REQUIRED SIGNA Sig (In	the date must be of filing.) ATURE: nature of a member accordance with sectitis document constitution the facts stated here	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)
ffective date is listed, days after the date of REQUIRED SIGNA Sig (In	the date must be of filing.) ATURE: nature of a member accordance with sectitis document constitution the facts stated here	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury