## 1110000787360

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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D. BRUCE

JUL 08 2011

EXAMINER

## COVER LETTER

TO:	Registration Division of C	section Corporations			
SUВЛ	ECT: Baird I	Fitness, LLC.	ed Liability Company		
		rume of Emme	ou Liability Company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corre	spondence concerning this mat	ter to the following:		
	Jaime M. B	aird			<del></del>
			Name of Person		
		4	Firm/Company		-
	1904 Viete	Dovolo Blud			
	1024 VISIA	Royale Blvd	Address		-
				TAU -	_
(	Orlando, FL	32835		CCK LA	<u> </u>
		Cit	y/State and Zip Code	AH AH	E .
•	jaimebaird@			J.	1
		E-mail address: (to be used	for future annual report notification)	OF ST	? [[
For fur	ther informatio	on concerning this matter, please	e call:	STATE CLORID	
loima	e Baird		407 710 9900	26 ATE RIDA	
Janie		ne of Person	at (407 ) 719-8209 Area Code & Daytime Telep	hone Number	
,	,	10 01 1 013011	The ode of Day time Telep	mone realiser	
Epclos	sed is a check	for the following amount:			
\$125.00	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
Baird Fitness, LLC		
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
1824 Vista Royale Blvd	1824 Vista Royale Blvd	
Orlando, FL 32835	Orlando, Fl 32835	
	of the registered agent are:  Esq.  Name  Street address (P.O. Box NOT acceptable)	's Signature: Vidual Grandher 11 JUL -7 PM 12: 26  Signature: Vidual Grandher 11 JUL -7 PM 12: 26
Atlamonte Springs	<sub>FL</sub> 32701	
registered agent and agree to act in this statutes relating to the proper and com	ated in this certificate, I hereby accept capacity. I further agree to comply wi	the appointment as th the provisions of all am familiar with and

(CONTINUED)

EFFECTIVE DATE 7 1 11

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 "MGRM" = Managing M	Name and Address:  Iember
MGR	Jaime M. Baird 1824 Vista Royale Blvd Orlando, FL 32835
MGR	Edward M. Baird  1824 Vista Royale Blvd  Orlando, FL 32835
(Use attachment if neces	sary)
ARTICLE V: Effective date, if (If an effective date is listed, the to or 90 days after the date of fi	other than the date of filing: <u>July 1,2011</u> . (OPTIONAL) date must be specific and cannot be more than five business days prior ing.)
REQUIRED SIGNATU	re of a member or an authorized representative of a member.
constitutes an a I am aware that	rith section 608.408(3), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of state and degree felony as provided for in s.817.155, F.S.)

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee