

L11000134670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

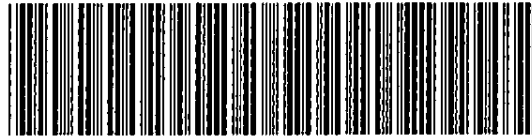
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

NOV 29 2011

EXAMINER



500214337225

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 NOV 28 AM 10:46
NOT RECORDED
TO APPROVE EDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 28 PM 4:52



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 992467 7611082

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 28 PM 4:52

ORDER DATE : November 23, 2011

ORDER TIME : 4:31 PM

ORDER NO. : 992467-005

CUSTOMER NO: 7611082

DOMESTIC FILING

NAME: THE CHAMBER LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 28 PM 4:52

November 28, 2011

TROY TODD
CSC
TALLAHASSEE, FL

SUBJECT: THE CHAMBER LLC
Ref. Number: W11000059627

RESUBMIT

Please give original
submission date as file date.

RECEIVED
NOV 29 PM 4:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

We have received your document for THE CHAMBER LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is THE CHAMBERS, LLC -- Document Number L99000007014.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 111A00026609

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chamber Fitness LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 28 PM 4:52

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Greenberg
Name of Person

Michael I Greenberg PA
Firm/Company

6647 SW 65th terr
Address

Miami, FL 33143
City/State and Zip Code

sunbiz@jurislogix.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Greenberg at (305) 667-3002
Name of Person Area Code & Daytime Telephone Number

Enclosed 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
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chamber Fitness LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

510 Shotgun Rd. Ste. 160

Sunrise, FL 33326

Mailing Address:

510 Shotgun Rd. Ste. 160

Sunrise, FL 33326

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

City, 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..

Corporation Service Company

By: 

**Troy Todd
as its agent**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 28 PM 4:52

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Chris Chambers

510 Shotgun Rd. Ste. 160

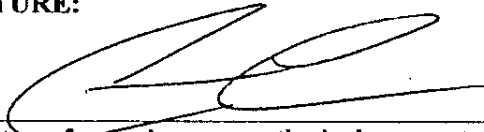
Sunrise, FL 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Chris Chambers

Typed or printed name of signee

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)