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(Re	equestor's Name)	
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(Do	ocument Number)	
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SEORETARY OF STATE ALLAHASSEE, FLORIDA

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C. LEWIS

JAN 1 8 2012

EXAMINER

COVER LETTER

	eration Section , on of Corporations
SUBJECT. E	Elite Fitness Products, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
Orla	ndo J. Perez
Ona	Name of Person
	Firm/Compas:
400	EO NIM det Lene
108	50 NW 1st Lane
<u>Miami</u>	, FL 33172
orland	City/State and Zip Code do@efitproducts.com
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Orlando J.	Perez at (305) 479-4693
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filing !	Fee \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$160.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Elite Fitness Products	s. LLC	
	nited Liability Company, "L.L.C.," or "LLET	
ADTICLE II. Address.		
ARTICLE II - Address: The mailing address and street address.	of the principal office of the Limited Lia	bility Company is:
		.oy
Principal Office Address:	Mailing Address:	
10850 NW 1st Lane	10850 NW 1st Lane	
Miami, FL 33172	Miami, FL 33172	
	egistered Office, & Registered Agent's own Registered Agent. You must designate an individual	heal mr anothers
The name and the Florida street address Orlando J. Pere	ez Name	OIZ JAN 12 AM 9: SECRETARY OF STA
Orlando J. Pero 10850 NW	Name 1st Lane a street address (P.O. Box NOT acceptable)	12 AM
Orlando J. Pero	ez Name 1st Lane	IZ M 9: ARY OF STA SSEE. FLOT

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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.

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:

FILED

2012 JAN 12 AM 9:51

GR	Orlando J. Perez	
	10850 NW 1st Lane	
	Mismi, FL 33172	

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Jse attachment if necessary)		

Name and Address:

ARTIC (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.)

Orlando J. Perez

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)