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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Z	ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Ce	rtificates of Status	
Special Instructions to Filing Officer:		
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B. BOSTICK
FEB - 8 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor							
_{SUBJECT:} Anvil F	itness, LLC						
		ted Liability Co	mpany				
The enclosed Articles of	Organization and fee(s) are	submitted for fi	iling.				
Please return all correspo	ndence concerning this mat	ter to the follow	ring:				
Luis Riese	go						
		Name of Person					
Anvil Fitne	ess, LLC						
		Firm/Company					
5421 SW 9	96 Avenue						
		Address					
Miami, FL					<u>F</u> t.	12 F	
		ty/State and Zip C	Code			100	
anvilfitnessm	niami@gmail.com E-mail address: (to be used	for future annual	report notification)		-; 	1	
For further information co	oncerning this matter, pleas		report notification)		13 ;	PH 12	;
Luis Riesgo		at (305	302-5565			្នា បា	
Name of	Person	Area C	Code & Daytime Tele	phone Number			
Enclosed is a check for	the following amount:	,					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy copy is enclosed)	\$160.00 Fi Certificate Certified C (additional co	of Statu Copy	s &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regisi Divisi Clifto 2661	t/Courier Address tration Section ion of Corporations n Building Executive Center C nassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
Anvil Fitness, LLC (Must end with the wor	ds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad-	dress of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
5421 SW 96 Avenue Miami, FL 33165	5421 SW 96 Avenue Miami, FL 33165	
	nt, Registered Office, & Registered Agent? e as its own Registered Agent. You must designate an indiversion.)	
The name and the Florida street a	ddress of the registered agent are:	12 741.1
Luis Riesgo)	
	Name	7/1
5421 SW	/ 96 Avenue	
1	Florida street address (P.O. Box <u>NOT</u> acceptable)	
Miami,	_{FL} 33165	

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..

City, State, and Zip

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 "MGRM" = Managing Meml	Name and Address:
MGRM	Luis Riesgo
<u></u>	5421 SW 96 Avenue
	Miami, FL 33165
MGRM	Yohanis Riesgo
	5421 SW 96 Avenue
	Miami, FL 33165
	는 No. The Control of
	<u>ра</u> сл
	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	
	#16-6
Signature of	a member or an authorized representative of a member.
(In accordance with se constitutes an affirma I am aware that any fa	ection 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. The alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)
_	Typed or printed name of signee
	ryped 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)