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| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Address) | | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--|---|--|--|
| SUBJECT: ELEMENT 26 FITNESS LLC | | | |
| Name of Limited Liability Company | | | |
| The end | closed Articles of Organization and fee(s) are | e submitted for filing. | |
| Please i | eturn all correspondence concerning this ma | tter to the following: | |
| - | MARION U WEHNER, E | | |
| | | Name of Person | |
| | WEHNER FINANCIAL SE | | |
| | | Firm/Company | |
| | 515 COLLEGE DR | | |
| Address | | | |
| Ŋ | MIDDLEBURG, FL 32068 | | |
| City/State and Zip Code | | | |
| MARION@WEHNERFINANCIAL.COM E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| MARION WEHNER | | at (904)_276-7686 | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| Enclose | ed is a check for the following amount: | | |
| \$125.00 | Filing Fee \$\bigs\tag{\$130.00 Filing Fee & Certificate of Status}\$. | \$155.00 Filing Fee & \$160.00 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 ELEMENT 26 FITNESS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1900 ABERCROMBIE LANE

1900 ABERCROMBIE LANE

PONTE VEDRA, FL 32081

PONTE VEDRA, FL 32081

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:

WEHNER FINANCIAL SERVICES, LLC 515 COLLEGE DR. MIDDLEBURG, FL. 32068

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 provision 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.

Marion U. Wehner, EA for Wehner Financial Services, LLC

ARTICLE IV – Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows

Title:

Name and Address

"MGR" = Manager

"MGRM" = Managing Member

CHERI MOONEY MGRM 1900 ABERCROMBIE LANE PONTE VEDRA, FL 32081

ANDREA WERNER MGR 513 ST. CROIX ST ST. AUGUSTINE, FL 32095

ARTICLE V: Effective date, if other than the date of filing
(If an effective date is listed, the date must be specific and cannot be more than 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.

Typed name of signee CHERI MOONEY