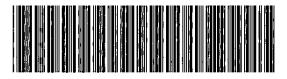
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SECRETARY OF STATE

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EXAMINER

COVER LETTER

| ,TO: Registration S Division of Co | | | | |
|---------------------------------------|--|---------------------------------|----------------------------|---|
| SUBJECT: Future | e Fit LLC | | | |
| | Name of Limite | ed Liability Compa | nny | |
| The enclosed Articles o | f Organization and fee(s) are s | submitted for filing | <u>5</u> . | |
| Please return all corresp | ondence concerning this matte | er to the following | <i>:</i> | |
| Eric Nieu | sma | | | |
| · | | Name of Person | | |
| | | | | |
| | | Firm/Company | | |
| 4261 Ast | eria Terrace | • | | |
| 42017/30 | Sha Torrace | Address | | |
| No allo Do a | EL 04007 | | | |
| North Port, | | /State and Zip Code | | |
| enieusma@ | • | rstate and hip code | | ZA TALS |
| <u>omode,ma@</u> | E-mail address: (to be used for | or future annual repo | rt notification) | - |
| For further information | concerning this matter, please | call: | | CRETARY OF ST |
| | 5 | | | RY OF THE SEED OF |
| Eric Nieusma | | at (410 | 829-2592 | |
| Name | of Person | Area Code | & Daytime Telephone | - 1948° |
| Pauland lander for | - 41 - C-11 | | | <u> </u> |
| | or the following amount: | - | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Cor | | 0.00 Filing Fee, ificate of Status & |
| | | (additional copy | is enclosed) Cert | ified Copy tional copy is enclosed) |
| | Mailing Address | | ourier Address | |
| | Registration Section Division of Corporations | | on Section of Corporations | |
| | P.O. Box 6327 | Clifton B | uilding | |
| | Tallahassee, FL 32314 | 2661 Exe | cutive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

| Future Fit LLC | | | | |
|--|---|--|--|--|
| (Must end with the words "Limited Lia | bility 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: | Mailing Address: | | | |
| 4261 Asteria Terrace | 4261 Asteria Terrace | | | |
| North Port, FL 34287 | North Port, FL 34287 | | | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers) business entity with an active Florida registration.) The name and the Florida street address of the | gistered Agent. You must designate an individual or another | | | |
| Eric Nieusma | | | | |
| Nan | | | | |
| 4261 Asteria Te | rrace | | | |
| Florida street a | address (P.O. Box NOT acceptable) | | | |
| North Port | r. 34287 | | | |

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)

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

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

| MGRM | Eric Nieusma | |
|---|-------------------------------------|----------------|
| | 4261 Asteria Terrace | |
| | North Port, FL 34287 | |
| MGRM | Steve Kovich | |
| | 175 2nd Street South #803 | |
| | Saint Petersburg, FL 33701 | |
| | | |
| | | |
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| | | |
| <u> </u> | | |
| | | in c |
| | | . 0, |
| | | DATE O |
| (Use attachment if necessary) | | 77 |
| LE V: Effective date, if other than the date of filing: | | (OPTION |
| • | be specific and cannot be more than | |

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.)

Eric Nieusma

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)