## 2000053706

(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



700229826917

Effective Date 04/30/12

04/19/12--01019--029 \*\*125.00

FILED
2012 APR 19 PM 2: 39
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

APR 2 0 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations			
SUBJECT: Bodywerks Gym LLC		•	
	ed Liability Compar	ny	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	<b>,</b>	
Please return all correspondence concerning this mat	ter to the following:	:	
Dr. Thomas J. Santoro			
Dr. Thomas J. Santolo	Name of Person		
Bodywerks Gym, LLC			
	Firm/Company		
1012 10th St. E.		AS SE	_
	Address	CO PP	TI
Palmetto, FL 34221		TALLAHASSEE, FLORIE TO NOT STATE OF STA	TITU
***************************************	y/State and Zip Code	CE PR	-
tsan@tampabay.rr.com		FLS ?	
E-mail address: (to be used	_	rt notification)	
For further information concerning this matter, please	e call:	<b>J</b>	
Dr. Thomas J. Santoro	_at (941)	545-3131	
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 Certified Cop (additional copy	Certificate of Status &	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations	

ARTICLES OF ORGANIZATION FOR FLO	PRIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ALL ALLASS
Bodywerks Gym, LLC	Egg A
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1012 10th St. E., Palmetto, FL 34221	1012 10th St. E., Palmetto, FL 34221
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg	ed Agent. You must designate an individual or another  Effective Date 04/30/12
Dr. Thomas J. Santoro	
Name	
1012 10th St. E.	
	ss (P.O. Box <u>NOT</u> acceptable)
Palmetto	<sub>FL</sub> 34221
City, State,	, and Zip
Having been named as registered agent and to acc	cept service of process for the above stated limited

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Dr. Thomas J. Santoro
•	1012 10th St. E.
	Palmetto, FL 34221
(Use attachment if necessary)	
	han the date of filing: April 30, 2012 . (OPTIONA must be specific and cannot be more than five business day
days after the date of filing.)	
days after the date of filing.)	
days after the date of filing.)  REQUIRED SIGNATURE:	member or an authorized representative of a member.

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)

Typed or printed name of signee