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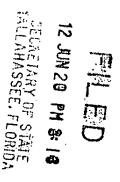
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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D. BRUCE

JUN 21 2012

EXAMINER

COVER LETTER

`TO:

Registration Section
Division of Corporations

_{subject:} Black E	Box Strength an	d Cond	litioning			
	Name of Limit	ted Liability	Company			
The enclosed Articles of G	Organization and fee(s) are	submitted for	or filing.			
Please return all correspon	ndence concerning this mat	ter to the fol	lowing:			
Sean Dod	rill					
		Name of Pe	rson			
Crossfit Bl	ack Box					
		Firm/Comp	any			
227 E. Pal	mer Ave					
		Address				
Tallahassee	`					
	Cit	y/State and Z	ip Code			
crossfitblackt	oox@gmail.com			,		<u>.</u>
	E-mail address: (to be used to	for future ann	ual report notificatio	m)	- F. S. S.	=
For further information co	oncerning this matter, please	e call:			HASSI	
Sean Dodrill		at (850	, 567-00	46	<u> </u>	२ व्याम
Name of	Person		ea Code & Daytime	Telephone Num	STATE ORIG	1,746
Enclosed is a check for	the following amount:				> -	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy nal copy is enclosed)	Certific Certifie	Filing Fee ate of Status d Copy al copy is enclo	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Re Di Cl 26	reet/Courier Addressistration Section vision of Corporat ifton Building 61 Executive Centulahassee, FL 3230	ions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Black Box Strength & Conditioning, LLC

(Must end with the words "Limited Liability 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:	
227 E Palmer Ave	227 E Palmer Ave	
Tallahassee, FL 32301	Tallahassee, FL 32301	
	the registered agent are:	
N	ame SP	
227 E Palmer A	Ave RATE	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	
Tallahassee	_{FL} 32301	
City	y, State, and Zip	

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)

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	Name and Address:
"MGRM" = Managing Member	
MGR	Sean Dodrill
	1454 S Gadsden St
	Tallahassee, FL 32301
MGR	Rachel Dodrill
	1454 S Gadsden St
	Tallahassee, FL 32301
	And the state of t
(I lan attack and i Communication)	
effective date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days p
CLE V: Effective date, if other than	
CLE V: Effective date, if other that effective date is listed, the date multiple of the date of filing.)	
CLE V: Effective date, if other that effective date is listed, the date multiple of the date of filing.)	
CLE V: Effective date, if other that effective date is listed, the date multiple of days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other that effective date is listed, the date me 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false)	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State,
CLE V: Effective date, if other that effective date is listed, the date me 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State, felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date me 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree.)	member or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State, felony as provided for in s.817.155, F.S.)
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