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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	***
SUBJECT: KEUIN MOORE FITNESS Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
KEUIN MOORE Name of Person	
Name of Person	
	
Firm/Company	
Z986 BRAYURA LAKE DR. Address	
Address	
SARASOTA, FL, 34240 City/State and Zin Code	
SARASOTA, FL, 34240 City/State and Zip Code K. More Z5 @ GMAIL. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number	
S125.00 Filing Fee \$\Bigs\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	us &
Mailing Address Registration Section Street/Courier Address Registration Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
KEVIN MOORE FITNESS (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2986 BEAVURA LAKE DR SARASOTA, FL, 34240	2986 BRAVURA LAKE DR SARASOTA, FL, 34240
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
KEUIN MOOR	<u>E</u>
Name	
2986 BRAYURA	LAKE DR dress (P.O. Box NOT acceptable)
	· · · · · · · · · · · · · · · · · · ·
City, St	FL 3424Co ate, and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ture (REQUIRED)
(CONTIN	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Page 1 of	

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

"MGR" = Manager	
"MGRM" = Managing Member	er
MGR	KEUIN MOORE
TIGE	2986 BRAYURA LAKE DR
	SARASOTA, FL, 34240
	,
	** · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other the	han the date of filing: (OPTIONA) must be specific and cannot be more than five business days
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