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SECRETARY OF STATE

J. BRYAN

SEP:1 8 2012

**EXAMINER** 

## COVER LETTER

Division of Corporations	
SUBJECT: CZECH Mate Fitness Company, LLC 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:	ļ
Michael J. Babboni	_
Michael J. Babboni Pe A.  Firm/Company	
Le446 Central Quence	
A. Petershya., FL 33707	
City/State and Zip Code  Ned Que D-tampa bay M. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael J. Babtoni at (727) 381-9200  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY ČŐÝJPÁSSY
ARTICLE I - Name: The name of the Limited Liability Company is:	PAR. S.
Czech Male Fitness Compo	ing, LLC  ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1514 low Street North St. Petersharg, FZ 33710	1514 Lelih Street NoAn 81. Retaslarg. Fiz 33710
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re  Michael (). Babbon  Name	egistered agent are:
Cellia Central Quen	U
O 0	ress (P.O. Box NOT acceptable)
St. Vetersburg City, Sta	FL 30 10 1 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and thered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ure (REQUIRED)
(CONTINU	JEB)
Page 1 of 2	

ARTICLE IV- Manager(s) or Managing Member(s):  The name and address of each Manager or Managing Member is as follows:  Title:  "MGR" = Manager  "MGRM" = Managing Member  Michael J. Babboni  [LU-U (entral avewer)  O. Petershira, Fr. 38-10-7  MGRM  Tulic Babboni  [LU-U (entral avewer)  O. Petershira, Fr. 38-10-7  MGRM  Tulic Babboni  [LU-U (entral avewer)  O. Petershira, Fr. 38-10-7  MGRM  Tulic Babboni  [LU-U (entral avewer)  O. Petershira, Fr. 38-10-7  MGRM  Tulic Babboni  [LU-U (entral avewer)  O. Petershira, Fr. 38-10-7
HGR Pavel Kubina, 1145 819 Street South 51. Retersburg, FZ 33-10-7  MGEM  Julie Babboni
HGR Pavel Kubina, 1145 819 Street South 51. Retersburg, FZ 33-10-7  MGEM  Julie Babboni
HGR Pavel Kubina, 1145 819 Street South 51. Retersburg, FZ 33-10-7  MGEM  Julie Babboni
MGR Patestry, Fi 35707  Pavel Kubina, IIII 5 819 Afreet South St. Reterstry, Fiz 33 107  MGEM Julie Babboni
81. Retas bug, FZ 38707
UCAM Para Vii a
$F_{1}(TV, VV) = F_{1}(TV, VV$
1145 81st Strat Soon
Gt. Petesburg, FZ 33707
(Use attachment if necessary)
ADTICLE V. Essating data is about the data of silver
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior
to or 90 days after 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 perfury 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.)
Michael J. Babboon I.  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)