12000132988

, (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:
OCT 1 8 2012 L. SELLERS

Office Use Only



700240475437

10/15/12--01050--005 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2 OCT 15 AM II:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FIT GIRL FITNESS, 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:
ALLAN GREGORI ESq. Name of Person Moon LAW GROUP Firm/Company
Name of Person
Moon LAW GROUP
705 NONTH PARSONS AVE
BRANDON FL 33510
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALLAN GNEGORY at 813 200 - 7255 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
FIT CTIPL FITNESS, 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
Principal Office Address: Mailing Address:
9313 ALICE LANE P.O. BOX 2397 RIVERVIEW FL 33578 RIVERVIEW FL 33568
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
LAUREN LINDSEY
9313 ALICE LANE
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an 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

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 "MGRM" = Managing Me	Name and Address:
MGRM	LAUREN LINDSEY 9313 ALICE LANE PIVERVIEW FL 33578
	,
LE V: Effective date, if othe fective date is listed, the date date of filin	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business deg.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing recourse SIGNATURES	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business deg.)
REQUIRED SIGNATUR Signature (In accordance with constitutes an affir I am aware that an constitutes a third-	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business dig.)

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)