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(City/State/Zip/Phone #)	
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Certified Copies Certificates of Status	
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2013 FEB 27 AB 9: 53
SEGRETARY OF STATE

FEB 28 2013 T CLINE (850) 245-605 f. COVER LETTER TO: Registration Section **Division of Corporations** T.C. 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: Hebrey Felten
Name of Person IC F. Fress Address

Address

Top, to Fl 33458

City/State and Zip Code

Qubrey fellon 2 mec. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Name of Person at (56) 339-6877

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$130.00 Filing Fee & **□\$125.00** Filing Fee Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
I.C. 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 is:
Principal Office Address: Mailing Address:
6671 W. Indianton Ad 6671 W. Indian tem Res Suite 56433 Suite 56433 Jupiter, FL 33458 Jupiter, FL 33458
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: Aubrey Felten Name
Name 6671 W. Ind. an from Ad. 501 to 56433 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 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)
AREIM AHAS
(Contraction)
Poro Lof2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGKW - Wallaging Wellioti	Aubrey Felfen 4918 Vine Cliff way E Polm Beach banders, Fe 33418
MG-RM	Shonnon Emerson 4918 Vine Cliff Way E Polm Beach Gordens, Fr 33418
(Use attachment if necessary)	
	the date of filing: 3/1/2013. (OPTIONAL) st be specific and cannot be more than five business days
REQUIRED SIGNATURE:	And Sa
Signature of a memb	er or an authorized representative of a member.
I am aware that any false inforconstitutes a third degree felon	8.408(3), Florida Statutes, the execution of this document: The penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) The last state of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) The last state of perjury that the facts stated herein are true. The last state of perjury that the facts stated herein are true. The last state of perjury that the facts stated herein are true. The last state of perjury that the facts stated herein are true. The last state of perjury that the facts stated herein are true. The last state of perjury that the facts stated herein are true.
Filing Fees:	Sa S

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)