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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIT MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status _ Special Instructions to Filing Officer:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE CONTRACTOR

B. BOSTICK
MAY -9 2013

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

PF Lake Worth, 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:

Glenn I	Dowler			
		Name of Person		
Planet	Fitness			
,	***************************************	Firm/Company		
10301	Southern Blvd	l .		
		Address		
Royal F	Palm Beach, F	L 3341	1	
, <u> </u>	Cit	y/State and Zip Co	de	
heather.rd	obinson@planetfiti	ness.com		20 S TAI
	E-mail address: (to be used i	for future annual re	port notification)	
For further information	concerning this matter, please	call:		AK AK
Heather R	obinson	561	670-43	ARY D
Name	of Person	Area Co	de & Daytime Telepho	one Number 70 70 70 70 70 70 70 70 70 70 70 70 70
Enclosed is a check f	or the following amount:			2: 26 ATE DRIU4
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified C (additional co	opy py 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

The name of the Limited Liability Company	is:			
PF Lake Worth, LLC				
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	e principal office of the Limited Li	iability Cor	npany i	is:
Principal Office Address:	Mailing Address:			
6400 Lake Worth Road	10301 Southern Blvd			
Lake Worth, FL 33463	Royal Palm Beach, FL 33411			
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an indiv	ridual or anothe		()
Glenn Dowler		SE	1 ;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Na	ime	SEE CYC	∞	1 [7]
10301 Southern Blvd		OF STATE E, FLORID	Pac :	-
Florida street	address (P.O. Box <u>NOT</u> acceptable)	OR E	2:5	
Royal Palm Beach, FL	. 334 <u>1,1</u>	J.	9	
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)

(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:

"MGR" =	= Manager	
"MGRM	" = Managing Me	ember
MGRM		Glenn Dowler
		10301 Southern Blvd
		Royal Palm Beach, FL 33411
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LE V: E ffective (ffective date, if other date is listed, the last after the date RED SIGNATUR	ther than the date of filing: (OPTI date must be specific and cannot be more than five but of filing.)
LE V: E ffective (or 90 da	ffective date, if other date is listed, the sys after the date. RED SIGNATUF Signature (In accordance with constitutes an affird am aware that an	ther than the date of filing: date must be specific and cannot be more than five by of filing.) RE: of a member or an authorized representative of a member. th section 608.408(3). Florida Statutes, the execution of this document remain under the penalties of perjury that the facts stated herein are truly false information submitted in a document to the Department of State
LE V: E ffective (or 90 da	ffective date, if other date is listed, the sys after the date. RED SIGNATUF Signature (In accordance with constitutes an affird am aware that an	ther than the date of filing:

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)