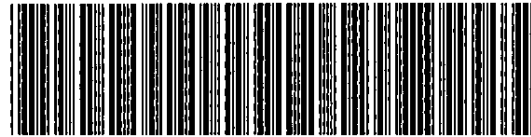


L13000098647

(Requestor's Name)



800249476348

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

07/10/13--01016--001 **125.00

Special Instructions to Filing Officer:

Office Use Only

FILED
2013 JUL 10 AM 8:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUL 11 2013

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **My Choice 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:

Joseph Healey

Name of Person

Firm/Company

801 NW 126th Ave

Address

Coral Springs, Fl. 33071

City/State and Zip Code

JPHCommercial@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Healey

Name of Person

at **954 415-9733**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 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

2013 JUL 10 AM 8:00
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

My Choice 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:

801 NW 126th Ave

Coral Springs, Fl.

33071

Mailing Address:

801 NW 126th Ave

Coral Springs, Fl.

33071

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:

Joseph Healey

Name

801 NW 126th Ave

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs, Fl. 33071 FL

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)

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

"MGRM" = Managing Member

Coral Springs, Fl. 33071

STATE OF IOWA
COUNTY OF IOWA
JAN 1 1910

2013 JUL 10 AM 8:00
STATE OF ARIZONA
JUL 10 2013

(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.)

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 perjury 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.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)