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TALLARASSEL TLORIDA

B. BOSTICK
NOV 2 6 2013
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: The Yard fitness "LLC" Name of Limited Liability Company
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:
Trashad Harper Name of Person
Name of Person
The Yard Fitness "LLC" Firm/Company
Firm/Company
1655 reorden et apt 2 Address
Address
Kiey West, fc, 33040 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
City/State and Zip Code Rharp& Garal. cor E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rashad Harper at 305 149-5006 Name of Person Area Code & Daytime Telephone Number
Rashad Harper at (305) \$49-5006 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 Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & 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	S:
The Yord fitness "(Must end with the words "Limited Lia	bility 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:
Key Wast, FL, 33040	
business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individuat or another a registered agent are:
Date Harp	V System Vi
Nam	ddress (P.O. Box NOT acceptable)
1655 can don	ddress (P.O. Box NOT acceptable)
Florida street a	ddress (P.O. Box NOT acceptable)
Key West	FL 33040
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and compl	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of ete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE	11 11 7	B 4	_ `		N # 1	/__
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ANTIG	1 V -	VIAHARCII	31 UI	Manazine	MICHIDE	э.

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

Title: "MGR" = Manager "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Date Harper
	1655 reordon it apt 7,
	Key West, FC, 33040 ' EC
	
	VI
	,
	
(Use attachment if necessary)	
CLEAN DOC 1 11 10 11 11	d 1 CGU (OPTIONA
CLE V: Effective date, if other than	the date of filing: (OPTIONA ust be specific and cannot be more than five busines
to or 90 days after the date of filing	
to or 70 days after the date of filling	• <u>'</u>
REQUIRED SIGNATURE:	
7	

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

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)