

L14 000021351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

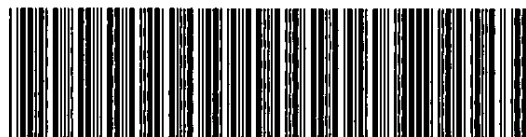
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/14--01025--012 **160.00

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14 JAN 23 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FL 32310

W14-7310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flex Appeal Fitness
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:

Shayna Frasco - Rose
Name of Person

Firm/Company

1073 SW Sudder Ave.
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

ShaynaFrasco@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ShaynaFrascoRose at (603) 320 2520
Name of Person 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

Shayna Frasco-Rose
1073 SW Sudder Ave.
Port Saint Lucie, FL. 34953
603 320 2520

Flex Appeal Fitness LLC
Request Form & Check attached

FILED
14 JAN 23 PM 3:53
800-415-4141
FLEX APPEAL FITNESS LLC
PORT SAINT LUCIE, FL 34953

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Flex Appeal 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:

1378 Huffman Rd.
Port Saint Lucie, FL.
34952

Mailing Address:

1073 SW Sudder Ave.
Port Saint Lucie, FL.
34953

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:

Shayna Frasco Rose
Name

1378 Huffman Rd.

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

Port Saint Lucie FL 34953
City 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 605, F.S.

Shayna Frasco Rose
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 JUN 23 01:05Z
SECRET
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

AMBR

AMBR

Shayna Frasco Rose
1073 SW Sudder Ave.
Port Saint Lucie, FL 34953

Chris Rose
1073 SW Sudder Ave.
Port Saint Lucie, FL 34953

Gina Frasco
5 Haley Ct.
Hudson, NH 03051

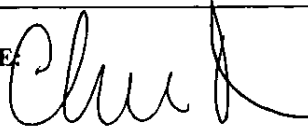
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Christopher Rose

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)

FILED
16 JAN 23 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA