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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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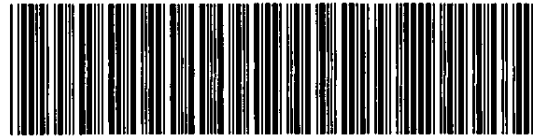
(Business Entity Name)

(Document Number)

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(PH)



REPLY TO:

Joshua D. Margolis
Associate General Counsel
Direct 954.670.2954
jmargolis@pnigroup.com

Sent via FedEx

February 5, 2014

Florida Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Hardcore Muscle Source, LLC

Dear Sir/Madam:

Please find enclosed the Articles of Organization for Hardcore Muscle Source, LLC and a check for payment of filing of same. Do not hesitate to contact me at any time regarding this filing.

Best Regards,



Joshua D. Margolis

Encl.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hardcore Muscle Source, 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:

Joshua D. Margolis, Esq.

Name of Person

PNIG

Firm/Company

401 E. Las Olas Blvd., Suite 1650

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

jmargolis@pnigroup.com

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

For further information concerning this matter, please call:

Joshua D. Margolis at **954** **670-2900**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hardcore Muscle Source, 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:

401 E. Las Olas Blvd.

Suite 1650

Fort Lauderdale, Florida 33301

401 E. Las Olas Blvd.

Suite 1650

Fort Lauderdale, Florida 33301

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:

Joshua D. Margolis, Esq.

Name

401 E. Las Olas Blvd., Suite 1650

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

Fort Lauderdale

FL 33301

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Nicholas Michael Mariano

401 E. Las Olas Blvd., Suite 1650

Fort Lauderdale, Florida 33301

(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.

This limited liability company is being formed to conduct all business and activities permitted under applicable law.

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.)

Nicholas Michael Mariano

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)