(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only

EFFECTIVE DATE 02/14



700256840217

02/18/14--01052--017 **125.00

FEB 1 9 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CrossFit Bonita, L.L.C. 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:	
John PIERCE Name of Person	
Name of Person	
NEW IMAGE FITNESS, INC Firm/Company	
9110 Bovita BEACH ROAD Address	
Bonita Springs, FL 34135 City/State and Zip Code nifi 2026 Cyahoo. Com E-mail address: (to be used for future annual report notification)	
City/State and Zip Code NiFi 2026 Cyphoo, Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	(141)
For further information concerning this matter, please call:	7
City/State and Zip Code NiFi 2026 C ynhoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Pierce Name of Person Area Code Daytime Telephone Number	j `
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status Status Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Cross Fit Bonita, L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
9110 Bonita Borch ROAD Bonita Borch, FL 34135 9110 Bonita Borch, FC 34135
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:
NEW Image Fitness, INC.
Wame
9110 Bonita Beach ROAD
Florida street address (P.O. Box <u>NOT</u> acceptable)
Bonita Springs FL 34135
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)
Page 1 of 2 Page

EFFECTIVE DATE 02/14/14

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	NEW Image Fitness, INC 9110 Bowith BOACH BOAD
MGR	John PIERCE 5270 Sycamore Drive Naples, FL 34119
(Use attachment if necessary) LE V: Effective date, if other than the difective date is listed, the date must be of filing.)	late of filing: Feb. 14, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the difective date is listed, the date must be of filing.)	late of filing: Feb. 14, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the diffective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am awaye that any false in	ate of filing: Feb. 14, 2014. (OPTIONAL) specific and cannot be more than five business days prior to or 9 member or an afforized representative of a member. 605.0203 (1) (b) Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)