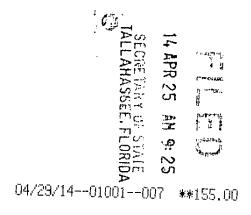
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CONTACT:	Kim Weidenbach			
DATE:	<u>04/28/14</u>			
REF. #:	<u>9127943</u>			
CORP. NAME:	HIT IT HA	RD! ORLANDO II, LLC		
	ORPORATION	() ARTICLES OF AMENDMENT		
() ANNUAL REPORT () FOREIGN QUALIFI	CATION	() TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP	() FICTITIOUS NAME (XX) LIMITED LIABILITY	
() REINSTATEMENT	0,,,,,	() MERGER	() WITHDRAWAL	
() CERTIFICATE OF C	CANCELLATION			
() OTHER:				
STATE FEES PI	REPAID W	TH CHECK# 7001939	SO FOR \$ 155.00	
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	D:	
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(XX) CERTIFIED CO		() CERTIFICATE OF GOOD STAN	IDING () PLAIN STAMPED COPY	

Examiner's Initials

ARTICLES OF ORGANIZATION OF HIT IT HARD! ORLANDO II, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: HIT IT HARD! ORLANDO II, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

13506 Summerport Village Pkwy., #339 Windermere, Florida 34786

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

NRAI Services, Inc. 1200 South Pine Island Road Plantation, Florida 33324

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.

NRAI Services, Inc., Registered Agent

Name: Michele Holden

Title: Assistant Secretary

ARTICLE IV: - Management

The name and address of the member authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

AMBR

Foley Family Enterprises, LLC 13506 Summerport Pkwy., #339

Windermere, FL 34786 Village AIF

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on April 10, 2014.

Michelle Foley, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this 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 Section 817.155, Florida Statutes.)

Michelle Foley
Typed or printed name of signee