

L14000069176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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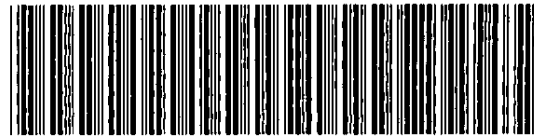
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

2 APR 29 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach

**DATE:** 04/28/14

**REF. #:** 9127943

**CORP. NAME:** HIT IT HARD! ORLANDO I, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 70019349 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
HIT IT HARD! ORLANDO I, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **HIT IT HARD! ORLANDO I, 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**

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TALLAHASSEE, FLORIDA**

*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

By: Michele Holden  
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 (NIP)

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

Michelle Foley

Michelle Foley, Authorized Signer

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TALLAHASSEE, FLORIDA

(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 Section 817.155, Florida Statutes.)

Michelle Foley

Typed or printed name of signee