

L14000078032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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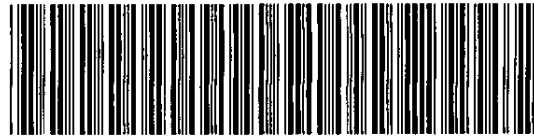
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. B. B. MAY 14 2014

**CORPORATE
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- ☒ **CERTIFIED COPY** _____
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1. Mirage Health Club, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

MIRAGE HEALTH CLUB LLC

ARTICLE II.

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

11575 NW 7TH AVE

MIAMI FL 33168

The mailing address of the Limited Liability Company is:

11575 NW 7TH AVE

MIAMI FL 33168

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ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

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

ISTVAN KOVACS

500 BAYVIEW DRIVE APT. 1928

SUNNY ISLES BEACH FL 33160

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.

Ysabel Thacker

Registered Agent's Signature

05/07/14

Date:

ARTICLE V

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

HOLLYWOOD ASSOCIATES LLC

MGRM

500 BAYVIEW DR STE 1928

SUNNY ISLES BEACH FL 33160

Gyongy Kotz

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ISTVAN KOVACS

DIRECTOR

500 BAYVIEW DR APT 1928

SUNNY ISLES BEACH FL 33160

Istvan Kovacs

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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 s.817.155.F.S.

Gyongy Kotz 05/07/2014

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

Gyongy Kotz 05/07/2014

Typed or printed name of signee

Date