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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: D-Constructed Fitness  Name of Lin	nited Liability Company	
	closed Articles of Organization and fee(s) ar	_	
	Daniel Ramirez Bao	Name of Person	
	D-Constructed Fitness	Firm/Company	
	9050 SW 156 COURT	Address	
	Miami, FL 33196	ity/State and Zip Code	
	ConstructedFitness@amail.com E-mail address: (to be used the information concerning this matter, pleaters)	d for future annual report notificates	ation)
<u>Danie</u>	Ramirez Bao at (_; Name of Person	305 ) 387-9356 Area Code Daytime Te	lephone Number
	od is a check for the following amount:  0 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
D-Constructed Fitness LLC.		
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or	"LĻC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Com	npany is:
Principal Office Address:	Mailing Address:	
9050 SW 156 COURT Miami, FL 33196	9050 SW 156 COURT Miami, FL 33196	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr The name and the Florida street address of the registress.)	own Registered Agent. You must designation.)	
Daniel Ramirez Bao		
	ame	
9050 SW 156 Court		
Florida street address (P.O.	Box NOT acceptable)	
Miami	FL_33196	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appointment as registered ag ions of all statutes relating to the prope	ent and agree to act in this er and complete performance
	F2	
Registered Agent's Si	ignature (REQUIRED)	
(CONTI	INUED)	
Page :	1 of 2	9:21 ORIDA

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Daniel Ramirez Bao
	9050 SW 156 Court
	Miami, FL 33196
ctive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 de
EV: Effective date, if other than the dective date is listed, the date must be filling.)  EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 de
E V: Effective date, if other than the decrive date is listed, the date must be filling.)  E VI: Other provisions, if any.	
EV: Effective date, if other than the dective date is listed, the date must be filling.)  EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 de
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EV: Effective date, if other than the dective date is listed, the date must be filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an alfirmation up I am aware that any false in.)	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are the formation submitted in a document to the Department of State.
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EV: Effective date, if other than the dective date is listed, the date must be filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in constitutes a third degree fe	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)