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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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**FLORIDA LIMITED LIABILITY CO.
SPHINXFIT, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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B. BOSTICK

SEP - 3 2014

EXAMINER

H14 000 205 8623

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

SPHINXFIT, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SPHINXFIT, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**7715 NW 48 ST SUITE # 385
MIAMI, FL. 33166**

The mailing address shall be:

**7715 NW 48 ST SUITE # 385
MIAMI, FL. 33166**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

DIANA G. GONZALEZ

7715 NW 48 ST SUITE # 385

Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33166

City, State, and Zip

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H14 000 205 8633

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

DIANA G. GONZALEZ
7715 NW 48 ST SUITE # 385
MIAMI, FL. 33166

MANAGER

WILSON GONZALEZ
7715 NW 48 ST SUITE # 385
MIAMI, FL. 33166

MANAGER

WILSON GONZALEZ JR
7715 NW 48 ST SUITE # 385
MIAMI, FL. 33166

MANAGER

HUGO BRICENO
7715 NW 48 ST SUITE # 385
MIAMI, FL. 33166

MANAGER

(An additional article must be added if an effective date is requested)


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

(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.)

DIANA G. GONZALEZ
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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