## L150000824

(Re	equestor's Name)	
(Ac	idress)	
//	ldress)	
(70	iuless)	
(Ci	ty/State/Zip/Phone	∍#) .
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nar	ne)
(DC	isiness Littly Ivai	ne,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		



500267500885

12/30/14--01003--015 \*\*130.00

20 AT DEC 30 AM 9: 38

with or " one

EFFECTIVE DATE 0/01/15

Office Use Only . . .

JAN 14 2015 BRUCE

## **COVER LETTER**

	egistration Section vision of Corporations			
SUBJECT	FUSION FITNESS	& SPORTS TRAIN	ING, LLC	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.		
Please retur	n all correspondence concerning this r	matter to the following:		
	Edwin Carmin	cnael		
		Name of Person		
		Firm/Company		
	6318 Royal Te	ern Street	. رسو	
		Address		, 4 2
	Orlando, FI	L 32810 City/State and Zip Code		•
		City/State and Zip Code	<u> </u>	>
Cas			mg =	
	rmichaelednine E-mail address: (to be us	ed for future annual report notifica	tion) and and	•
For further	information concerning this matter, plo	ease call:	tion)	<b>&gt;</b>
Edw.	o Coconshaal	719 900 54	1-1-	
LCIVI	Name of Person at (	Area Code Daytime Tel	ephone Number	
Enclosed is	a check for the following amount:			
□ \$125.00 Fi	ling Fee \$\frac{130.00}{2}\$ Filing Fee \$\frac{1}{2}\$ 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	Street/Courier Addi	ress	
	Registration Section Registration Section		<del></del>	
	Division of Corporations  Division of Corporations  Division of Corporations  OliAna Building		ions	
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		er Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.)		
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6318 Royal Tern St. Octando FL 32810	10318 Royal Tern St Orlando FL 32810	
Orlando FL 32810	Orlando, FL 32810	

FUSION FITNESS & SPORTS TRAINING LLC

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Name

Name

Name

Name

Name

Name

Noval Tern St.

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

Orlando

City

Zip

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 (REOUIRED

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE DIJOLIS

The name and address of each person authorized	orized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Edwin Carmichael 6318 Royal Ternst
	Orlando, FL 32810
<del></del> .	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be spece e date of filing.)	filing: 1 2015 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
RTICLE VI: Other provisions, if any.	
	Jun 217 - Late
REQUIRED SIGNATURE:	almieha (
(In accordance with section 605. constitutes an affirmation under the lambda and false information are that any false information.)	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penaltics of perjury that the facts stated herein are True, ation submitted in a document to the Department of States as provided for in s.817.155, F.S.)
Edwin (	Carmichael Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-