

L1500008346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

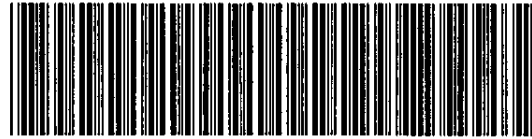
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800268969048

800268969048
02/03/15--01042--018 **25.00

2015 FEB -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

FEB 11 2015

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED FITNESS TECHNOLOGY LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARA LOPEZ

Name of Person

ADVANCED FITNESS TECHNOLOGY

Firm/Company

Address

11402 NW 41 STREET, #¹⁴~~21~~, DORAL, FL 33178

City/State and Zip Code

saritinaa@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARA LOPEZ

305

582-1738

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2015 FEB -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: ADVANCED FITNESS TECHNOLOGY LLC

SECOND: The Florida Document Number of the limited liability company is: L150QQ008366

THIRD: The street address of the limited liability company's principal office is:

11402 NW 41 STREET, #121

DORAL, FL. 33178

The mailing address of the limited liability company's principal office is:

SAME

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: SARA LOPEZ

b. No authority granted to: _____


2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: SARA LOPEZ

b. No authority granted to: _____

2015 FEB -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED


Signature of authorized representative

SARA LOPEZ
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)