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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Brigger Fitness and Training LLC, Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
W. Michael Brigaer Name of Person		
Firm/Company		
1727 Shoreland Drive		
Sarasota, FL 34239 City/State and Zip Code michaelbrigger @ Mac. Com		
City/State and Zip Code		
michaelbrigger 6 Mac. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Michael Brigge at (941) 441-8634 Name of Person at (941) Daytime Telephone Number	2015 JAN -6	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Status Certificate of Status		

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Brigger Fitness and Training LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: 1727 Shareland Drive Soca sorta FL 34239 Sava sorta FL 34239	
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 another business entity with an active Florida registration.)	lual or
The name and the Florida street address of the registered agent are: W. Michael Brigger Name 1727 Shoreland Drive, S Florida street address (P.O. Box NOT acceptable) Sara Sola City Zip	·
Having heen named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate. I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as processing the service of the proper and complete of the proper and I am familiar with an accept the obligations of my position as registered agent as processing the proper and I am familiar with an accept the obligations of my position as registered agent as processing the proper and complete of the proper and complete of my duties, and I am familiar with an accept the obligations of my position as registered agent as processing the proper and complete of my duties.	act in this performance
Registered Agent's Signature (REQUIRED) (CONTINUED)	2015 JAN -6
Page 1 of 2	AMIO:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	W. Michael Brigger 1727 Shoreland Dr Sura sorta Fl, 34239 Pamela Brigger 1727 Shoreland Dr Sara sorta Fl 34239
fective date is listed, the date must be	ate of filing: 12/30/2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at
LE V: Effective date, if other than the date ffective date is listed, the date must be a of filling.)	the of filing: V - V - V - (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be a of filing.) LE VI: Other provisions, it any. REQUIRED SIGNATURE: Signature of a real constitutes an affirmation under the lam aware that any false information.	the of filing: V - V - V - (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be set of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of a r	member or an authorized representative of a member. 605.0203 (1) (6). Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State