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(R	equestor's Name)	
(Á	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name	9)
(D	ocument Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Tours FFB 12 2015

COVER LETTER

Division of Corporations	
SUBJECT: Busy Life Fitness	
	Name of Limited Liability Company
The enclosed Articles of Organization	and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
William J. Bitz	
_	Name of Person
Busy Life Fitness	
	Firm/Company
151 Brigadoon Pt.	
	Address
Orlando, Florida 32835	3
	City/State and Zip Code
busylifefitnessfl@gmail.com	(.)
	ss: (to be used for future annual report notification)
For further information concerning thi	s matter, please call:
William J. Bitz	at (407) 383-9947
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	
☐ \$125.00 Filing Fee ☐ \$130.00 Fil Certificate	ling Fee & Silent Fee & Silent Fee, Certified Copy (additional copy is enclosed) Cartified Copy (additional copy is enclosed)
<u>Mailing Address</u>	Street/Courier Address
Registration Section	
Division of Corpora P.O. Box 6327	tions Division of Corporations Clifton Building
Tallahassee, FL 323	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ess LLC				
Dudy Lind (taile		nited Liability Company, "L.L.C.," or	r "LLC.")	_	
ADTICLE II					
ARTICLE II - A The mailing addr		pal office of the Limited Liability Co	mpany is:		
Principal Office	Address:	Mailing Address:			
151 Brigadoon	Pt.	151 Brigadoon Pt			
Orlando, FL 32		Orlando, FL 32835			
				_	
ARTICLE III -	Registered Agent, Registered Of	fice, & Registered Agent's Signatui	re:		
(The Limited Lia	bility Company cannot serve as its	own Registered Agent. You must des		vidual	or
another business	s entity with an active Florida regist	tration.)	Σ_{α}		
The name and the	e Florida street address of the regis	stered agent are:		Ω.	इन्डाइन्स् अनु
		5	<u> </u>	E	
	William J. Bitz		ASS ASS	-9	TELEPOOR S
		value	E C		ij Ipakayaya
	151 Brigadoon Pt.		S I	¥	# 1
	Florida street address (P.O	. Box NOT acceptable)	OR OR	90 :դ	-
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	Orlando	_{FL} 32835	φ, η	CAL	
	Orlando City	FL 32835 Zip	Ď, r	C1	
	City	Zip	, 11: ·. 11: 1		
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the place des	City med as registered agent and to acce ignated in this certificate, I hereby a	Zip	gent and agree	ility co	in this
the place des capacity. I furt	City med as registered agent and to acce ignated in this certificate, I hereby a ther agree to comply with the provis and I am familiar with and accept th	Zip ept service of process for the above state accept the appointment as registered a sions of all statutes relating to the prop the obligations of my position as registe	gent and agree per and comple	ility co to aci te perf	t in this Formance
the place des capacity. I furt	City med as registered agent and to acce ignated in this certificate, I hereby a ther agree to comply with the provis and I am familiar with and accept th	Zip ept service of process for the above sta accept the appointment as registered a sions of all statutes relating to the prop	gent and agree per and comple	ility co to aci te perf	t in this Formance
the place des capacity. I furt	City med as registered agent and to acce ignated in this certificate, I hereby a ther agree to comply with the provis and I am familiar with and accept th	Zip ept service of process for the above state accept the appointment as registered a sions of all statutes relating to the prop the obligations of my position as registe	gent and agree per and comple	ility co to aci te perf	t in this Formance

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	William J. Bitz
	151 Brigadoon Pt
	Orlando, FL 32835
	
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(Use attachment if necessary)	
TICLE V: Effective date, if other than the date n effective date is listed, the date must be sp	e of filing: <u>US FEB 15</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a
TICLE V: Effective date, if other than the date	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a
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CICLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.) CICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the control of the constitutes are affirmation und I am aware that any false information.	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
ICLE V: Effective date, if other than the date is listed, the date must be spate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a modern constitutes an affirmation under I am aware that any false inforcentitutes a third degree felorical and in the second constitutes at third degree felorical and in the second constitutes at third degree felorical and in the second constitutes at third degree felorical and in the second constitutes at third degree felorical and in the second constitutes at third degree felorical and in the second constitutes at third degree felorical and in the second constitutes at third degree felorical and in the second constitutes at the second constitutes	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.

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)