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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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A CHANGE FEB 1 9 2015

COVER LETTER

TO:	Registration Division of	section Corporations		
SUBJ	ECT: <u>Villag</u> e	s Indoor Rowing LLC Name of Lu	mited Liability Company	
The er	closed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	espondence concerning this n	natter to the following:	
	Terrence	Dove	Name of Person	
			Name of Person	
	Villages	Indoor Rowing LLC		
			Firm/Company	
	<u>17126 S</u>	E 78th Larchmont Ct.	AAA	
			Address	
	The Villa	ges, FL 32162		
			City/State and Zip Code	
.Si	amdbam@ao	.com E-mail address: (to be use	d for future annual report notifica	ntion)
For fu	ther informatio	n concerning this matter, ple	ase call:	
Terre	nce Dove Nar	ne of Person	309) 643-2481 Area Code Daytime Tel	ephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125 .6	0 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address istration Section	Street/Courier Adda Registration Section	res <u>s</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:	
Villages Indoor Rowing LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17126 SE 78th Larchmont Ct. The Villages, FL 32162	17126 SE 78th Larchmont Ct. The Villages, FL 32162
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Terrence Dove Name	
17126 SE 78th Larchmont Ct. Florida street address (P.O. Box]	NOT acceptable)
The Villages	FL 32162 Zip
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at he appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance entions of my position as registered agent as provided for in 605, F.S
Demie One	A Company of the Comp
Registered Agent's Signatu (CONTINUE	FEB
Page 1 of 2	

(Use attachment if necessary) E. V. Effective date, if other than the date of filing: 02/12/2015 (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 ffiling. E. V.: Other provisions, if any. REOURED SIGNATURE: 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Terrence Dove Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.00.0 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	Use attachment if necessary) V: Effective date, if other than the date of filing: 02/12/2015 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) V: Other provisions, if any. EEQUIRED SIGNATURE: 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Terrence Dove Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	<u>Title:</u> "AMBR" = Authorized Mem "MGR" = Manager	Name and Address: nber
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ARTICLE IV-