

L15000056636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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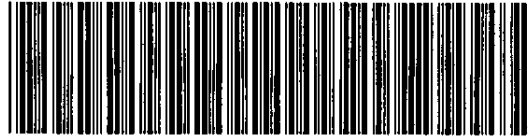
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 MAR 10 PM 3:22

C.L.
3-31-15

ATTN: Darlene

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0071

Fax

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

PrimeTime Fitness 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:

Jersey Giambrone

Name of Person

PrimeTime Fitness LLC

Firm/Company

734 Legion Dr Unit 18

Address

Destin FL 32541

City/State and Zip Code

Jersey Giambrone@gmail.com

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

For further information concerning this matter, please call:

Jersey Giambrone at (704) 907-3814

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee

\$130.00 Filing Fee &
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 AddressRegistration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street/Courier AddressRegistration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MAR 10 PM 3:22

ARTICLE I - Name:

The name of the Limited Liability Company is:

PrimeTime Fitness LLC

(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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

734 Legion Dr Unit 18
Destin FL 32541

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.)

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

Nicole De Le Cruz

Name

354 Billfish Ave Apt 206

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

Ft Walton Beach FL 32548

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.

Nicole De Le Cruz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

15 MAR 10 PM 3:22

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Jersey Giambra734 Legion Dr Unit 18Destin FL 32541

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED 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.)

Jersey Giambra

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)