## L15000083163

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ·<br>Idress)       |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nar | me)         |
| (Do                     | ocument Number)    | <u> </u>    |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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MAY -5 PH 2: 10 CRETARY OF STATE

## **COVER LETTER**

| TO:    | Registration Section Division of Corporations  |  |   |
|--------|--|--|---|
| SUBJI  | ECT: <u>Booya Cabooya Fitness LLC</u><br>Name of Li  | mited Liability Company  | <del></del>   |
| The en | closed Articles of Organization and fee(s) a   | are submitted for filing.  |   |
| Please | return all correspondence concerning this n  | natter to the following:   |   |
|        | Liovani M. Nazario   | Name of Person   |   |
|        | Booya Cabooya Fitness  | Firm/Company   |   |
|        | 1470 Grey Fox Run  | Address  |   |
|        | Tallahassee Fl 32311   | City/State and Zip Code  |   |
|        | Doyacabooyafitness@gmail.com<br>E-mail address: (to be use<br>ther information concerning this matter, ple | ed for future annual report notification)  | _   |
|        |  | 850 ) 491-6755<br>Area Code Daytime Telephone Num  | nber  |
| _      | ed is a check for the following amount:  0 Filing Fee \$\sum_{\text{Certificate of Status}}\$              | Certified Copy Certific (additional copy is enclosed) Certifie   | ) Filing Fee, cate of Status & d Copy               |
|        | 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 | FILED  15 MAY -5 PH  SECRETARY OF 1  TALLAHASSEE, F |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |
|--|---|
| Booya Cabooya 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 of   | fice of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:  |
| 1470 Grey Fox Run Tallahassee FI 32311   | 1470 Grey Fox Run<br>Tallahassee FI 32311   |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration.)  The name and the Florida street address of the registered. | Registered Agent. You must designate an individual or a.)   |
| Liovani M. Nazario   |   |
| Name   |   |
| 1470 Grey Fox Run<br>Florida street address (P.O. Box  | NOT acceptable)   |
| Tallahassee  | FL 32311  |
| City   | Zip   |
| the place designated in this certificate, I hereby accept<br>capacity. I further agree to comply with the provisions of<br>of my duties, and I am familiar with and accept the obli  | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this if all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S |
| Registered Agent's Signat  | (REQUIRED)  |
| (CONTINUE  | CAR =   |
| Page 1 of 2  | AY -5 PH 2: 14  TARY OF STATE THASSEE, FLORIDA  |

| AGR" = Manager IGR  Liovani M. Nazario 1470 Grey Fox Run Tallahassee Fl 32311  See attachment if necessary)  V: Effective date, if other than the date of filing:  | Title:   | Name and Address:   |
|--|--|---|
| Liovani M. Nazario  1470 Grey Fox Run  Tallahassee FI 32311  V: Effective date, if other than the date of filing:  (OPTIONAL)  (ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b); Horida 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.)  LIOUAN NAZARIO  Typed or printed name of signee  Filing Fees:  30.00 Certified Copy (Optional)  5.00 Certificate of Status (Optional) | "AMBR" = Authorized Member   |   |
| Is attachment if necessary)  W. Effective date, if other than the date of filing:  (OPTIONAL)  We date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  WI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or all authorized representative of a member.  (In accordance with section 605.0203 (1) (b); Horidd 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.)  LIOUAN MAZARIO  Typed or printed name of signee  Filing Fees:  \$30.00 Certificate of Status (Optional)  \$5.00 Certificate of Status (Optional)                       |  | Liovani M. Nazario  |
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| V: Effective date, if other than the date of filing:   |  |   |
| V: Effective date, if other than the date of filing:   |  |   |
| V: Effective date, if other than the date of filing:   |  |   |
| V: Effective date, if other than the date of filing:   |  |   |
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**ARTICLE IV-**