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PICK-UP	☐ WAIT	MAIL .
(В	usiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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7-9-15

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## **COVER LETTER**

TO:

Registration Section

Ďiv	vision of Corporations		•
SUBJECT:	Fortitude Fitness & Strength, LLC		
SUBJECT:		Limited Liability	Company
The enclose	d Articles of Organization and fee(s)	are submitted for	or filing.
Please retur	n all correspondence concerning this	matter to the fol	llowing:
	Renee Minichino		
•		Name of P	erson
	Fortitude Fitness & Strength	·	
		Firm/Com	pany
	8416 Blue Rock Drive		
		Addres	ss
	New Port Richey, Florida 34653		
r	enee@fortitudefs.com	City/State and	Zip Code
<del></del>	E-mail address: (to be us	ed for future an	nual report notification)
For further in	formation concerning this matter, ple	ase call:	
1	Renee Minichino	352	277-8028
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	└─ Certifie	Siling Fee & \$160.00 Filing Fee, Certificate of Status & Copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	) [ ( 2	Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301

## 2015 JUL 14 AM 9:31 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: . . The name of the Limited Liability Company is: Fortitude Fitness & Strength 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:** 8416 Blue Rock Drive 8416 Blue Rock Drive New Port Richey, FL 34653 New Port Richey, FL 34653 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 or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Renee Minichino

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..

Name

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

FL

State

34653

Zip

8416 Blue Rock Drive

City

New Port Richey

(CONTINUED)

Page 1 of 2

"AMBR" = Autl "MGR" = Mana	horized Member	Name and Address:
AMBR	.gcı	Renee Minichino
ANDR		8416 Blue Rock Drive
		New Port Richey, Florida 34653
A A A D D		
AMBR		Joseph Minichino
		8416 Blue Rock Drive
		New Port Richey, Florida 34653
		<del></del>
(Use attachment	if necessary)	
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