

U5000132617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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15 AUG - 6 PM 12:35
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AUG 06 2015

T SCHROEDER



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Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. FitPass, LLC
(CORPORATE NAME) (DOCUMENT #)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

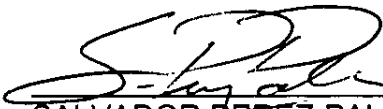
Examiners Initials

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, SALVADOR PEREZ-PALMA who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the sole President of FITPASS, LLC a Florida corporation, filed with the Florida Department of State on Jan 28, 2013.
2. The undersigned hereby consents to and authorizes the use of the name FITPASS, LLC.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the administratively dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

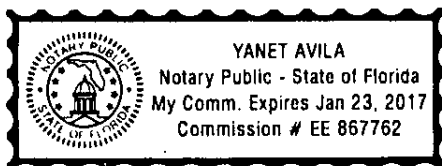


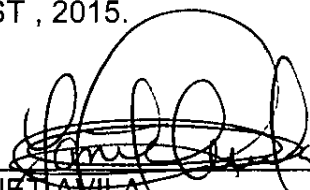
SALVADOR PEREZ-PALMA

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, SALVADOR PEREZ-PALMA who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 05 day of AUGUST , 2015.





YANET AVILA
Notary Public

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FITPASS, 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:

12973 SW 112 STREET

SUITE: 125

MIAMI, FL 33186

Mailing Address:

12973 SW 112 STREET

SUITE: 125

MIAMI, FL 33186

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:

SALVADOR PEREZ-PALMA

Name

12973 SW 112 STREET SUITE 125

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

MIAMI

FL

33186

City

State

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SALVADOR PEREZ-PALMA

12973 SW 112 STREET SUITE: 125

MIAMI, FL 33186

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

SALVADOR PEREZ-PALMA

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)

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