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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	re)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section

TO:

SUBJECT: RYAN HARRIS FITNESS, LLC Name of Limited Liability Company
SUBJECT: TYPIC TIMES TO THE STATE OF THE STA
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:
RYAN HARRIS Name of Person
Name of Person
Firm/Company
110-2 0 0 0 0
4353 CONWAY PLACE CIRCLE Address
Address
ORLANDO, FC 32812 City/State and Zip Code
City/State and Zip Code
RYANANDREWHARRIS 39 @ OUTLOOK, COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RYAN HARRIS at (407) 414-6159 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32311 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: RYAN HARRIS 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:	15 OCT -2 PMII: 17
Principal Office Address: 4253 CONWAY PL. CIR. OLLANDO FL 32812 ORLANDO FL	Iress: 4 A. CIR, 132812
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 inanother business entity with an active Florida registration.)	ndividual or
The name and the Florida street address of the registered agent are: RYAN HARRIS Name 4253 CONWAY PL. CIR. Florida street address (P.O. Box NOT acceptable)	
OLLANDO PL 32812 City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited lian place designated in this certificate, I hereby accept the appointment as registered agent and agree to accept the agree to comply with the provisions of all statutes relating to the proper and complete performance am familiar with and accept the obligations of my position as registered agent as provided for in Chaptal Registered Agent's Signature (REQUIRED)	t in this capacity. I nce of my duties, and I
(CONTINUED)	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	RYAN HARRIS 4353 COWNAY PL CIR ORLANDO FU 32812
AMBR_	MARK HARRIS 4253 CONWAY PL CIE BLANDO FL 32812
AMBR	115A HARRIS 4253 CONWAY PL CIR ORLANDO PL 30812
•	
ffective date is listed, the date muse of filing.)	the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does coment's effective date on the Department's	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does coment's effective date on the Department's	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the effective date is listed, the date must the of filing.) If the date inserted in this block does cument's effective date on the Department's effective date effective date on the Department's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not retreent of State's records. of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department's effective	es not meet the applicable statutory filing requirements, this date will not retirement of State's records. of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State

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