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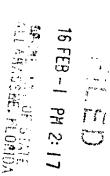
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FEB 15 2016

S. GILBERT

COVER LETTER

D	vivision of Corporations
SUBJECT	Mannix Maximum Fitness, LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	Patrick Mannix
	Name of Person
	Mannix Maximum Fitness, LLC
	Firm/Company
	4265 Neptune Road
	Address
	St. Cloud, FL 34769
	City/State and Zip Code pmannix1988@yahoo.com
•	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call:
	Patrick Mannix 407 256-2928at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	iling Fee \$\ \text{S130.00 Filing Fee & 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 AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•			FLED
The name of the Limited Liability	Company is:			16 FEB - 1 PM 2: 1
М	lannix Maximum Fitne	ess. LLC		to mi and it is
(Must end v	vith the words "Limited	d Liability Con	npany, "L.L.C.," or "LLC.")	45 11 47 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Li		
<u>Principa</u>	l Office Address:		Mailing Ad	dress:
4265 Neptune Roa St. Cloud, FL 347			Same as Office Address	
(The Limited Liability Company another business entity with an action The name and the Florida street a	ctive Florida registratio	on.) d agent are:	gent. You must designate an	individual or
	4265 Neptune F			
	Florida street addres	ss (P.O. Box N	OT acceptable)	
	St. Cloud	FL	34769	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the app ovisions of all statutes r	ointment as reg relating to the p	gistered agent and agree to a roper and complete performa	ct in this capacity. I ance of my duties, and I

(CONTINUED)

Page 1 of 2

<u> Citle:</u>		Name and Address:
'AMBR" = Author		
'MGR" = Manager		Datrick Mannix
MGR		Patrick Mannix 4265 Neptune Road
		St. Cloud, FL 34769
		5. Cloud, 1155 1762
		And the first of t
		
		
EV: Effective date	, if other than the date of f	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90
ctive date is listed, f filling.) the date inserted in	, if other than the date of fi , the date must be specifi this block does not meet the on the Department of S	c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
EV: Effective date ctive date is listed, filling.) the date inserted in nent's effective date	this block does not meet the on the Department of Sons, if any.	the applicable statutory filing requirements, this date will not tate's records.
EV: Effective date ctive date is listed, filling.) the date inserted in ment's effective date. EVI: Other provisions of the control of the c	this block does not meet to on the Department of Sons, if any. NATURE:	the applicable statutory filing requirements, this date will not tate's records.
CV: Effective date ctive date is listed, filling.) he date inserted in lent's effective date. CVI: Other provision of the course	this block does not meet the on the Department of Sons, if any. Signature of a membis document is executed it.	the applicable statutory filing requirements, this date will not tate's records. er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
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EV: Effective date ctive date is listed, filling.) he date inserted in ment's effective date. EVI: Other provision of the course	this block does not meet to on the Department of Sons, if any. NATURE: Signature of a membis document is executed in a ware that any false infinistitutes a third degree felicities.	the applicable statutory filing requirements, this date will not tate's records. er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section a document to the Department of State ony as provided for in s.817.155, F.S.