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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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FEB 18 2016

I. SCOTT



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## COVER LETTER

	Registration Section Division of Corporations	
elib iber	Personal High Intensity Train	ning Box, LLC
SUBJECT		ne of Limited Liability Company
The enclos	sed Articles of Organization and	fee(s) are submitted for filing.
Please retu	urn all correspondence concernin	g this matter to the following:
	Robert Adam Montanez	
		Name of Person
		Firm/Company
	1725 Gurtler Court, Apt. 1	
		Address
	Orlando, Florida 32804	
	Phitbox@outlook.com	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further i	information concerning this matt	er, please call:
	Robert	407 508-8897 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amou	
	Certificate of S	
	Mailing Address	Street Address
	New Filing Section	New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

reisonai	High Intensity Training Box, LLC	
	(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
TICLE II - Add	maco.	
	and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	-1 A-4 1	1725 Gurtler Court, Apt. 1
1725 Gu	rtler Court, Apt. 1	1723 Guidel Court, Apr. 1

The name and the Florida street address of the registered agent are:

Robert Montanez

Name

1725 Gurtler Court, Apt. 1

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

Orlando Florida 32804

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 afregistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Citie:</u>	Name and Address:
AMBR" = Authorized M	mber
<b>MGR" = Manager</b> MGR	Robert Montanez
	1725 Gurtler Court, Apt. 1
	Orlando, Florida 32804
MGR	Kelsey Mojica
	1725 Gurtler Court, Apt. 1
	Orlando, Florida 32804
	<del></del>
V: Effective date, if other	than the date of filing: (OPTIONAL) the must be specific and cannot be more than five business days prior to or 90 or
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

متور و الأراب