L1 100000522117

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (|
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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3/11/14

COVER LETTER $^{\circ}$

| Division of Corporations | -Ming |
|---|--|
| SUBJECT: Beach LIFE Name of L | Fitness LLC imited Liability Company |
| The enclosed Articles of Organization and fee(s) | are submitted for filing. |
| Please return all correspondence concerning this r | natter to the following: |
| Johniferd | PMS |
| | Name of Person |
| | |
| | Firm/Company |
| 1088 chande | lle lake prive |
| Pensacola, | Address FL 32507 |
| <u>iennitero</u> | City/State and Zip Code On One Service Company of for future abdual report notification) |
| For further information concerning this matter, plea | se call: |
| Jenn fer Jenn at (| Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$\int \text{S160.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{Certified Copy} \\ \text{(additional copy is enclosed)} |
| Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

16 MAR - 7 PM 3-08

ARTICLE I - Name:

The name of the Limited Liability Company is:

| ARTICLE II - Address: | | | | |
|---|---|----------------------------------|---|---|
| The mailing address and str | rect address of the principal office | e of the Limit | ited Liability Company is: | |
| <u>Pri</u> | incipal Office Address: | | Mailing Address: | |
| 13118 | Sorrento RdS | šteD_ | 1088 chandelle cake | , |
| Pensac | ela Florida | | Pensacala 72 | |
| | | | 52.381 | |
| (The Limited Liability Com | d Agent, Registered Office, & Fapany cannot serve as its own Reg th an active Florida registration.) | | Agent's Signature: ent. You must designate an individual or | |
| The name and the Florida s | treet address of the registered ago | ent are: | | |
| | Jennifer | Jen: | S | |
| | N | ame | | |
| | 1088 Chan | delle | lake Dr. | |
| | Florida street address (P | .O. Box NO T | T acceptable) | |
| | Pensacola | FL | 32507 | |
| | City | State | Zip | |
| lace designated in this certif arther agree to comply with t | icate, I hereby accept the appoint the provisions of all statutes relati | ment as regis ing to the proj | r the above stated limited liability company at the stered agent and agree to act in this capacity. I oper and complete performance of my duties, and eat as provided for in Chapter 605, F.S | |
| | Registered | Mgent's Sign | gnature (REQUIRED) | |
| | | | | |
| | • | CONTINUE | י ח י | |

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager MGR. Lennifer lens | Dennifer Jens 108 Chandelle Cake or 1808 (010) El 32507 |
| mar Jacobusteno | Jacobis ens 1088 chandelle late Dy Fensa caill FL 32507 |
| | |
| (Use attachment if necessary) | Date of filling |
| e of filing.) If the date inserted in this block does not meet t | e and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be |
| e of filing.) If the date inserted in this block does not meet to tument's effective date on the Department of States. | ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be |
| e of filing.) If the date inserted in this block does not meet to cument's effective date on the Department of State VI: Other provisions, if any. | ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be |
| e of filing.) If the date inserted in this block does not meet to cument's effective date on the Department of States. | ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be |
| refective date is listed, the date must be specific to of filing.) If the date inserted in this block does not meet to cument's effective date on the Department of States. REQUIRED SIGNATURE: Signature of a member This document is executed in Jam aware that any false info constitutes a third degree felo | the applicable statutory filing requirements, this date will not be ate's records. For an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statutes. To accordance with section 605.0203 (1) (b) Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. |
| REQUIRED SIGNATURE: Signature of a member This document is executed in an aware that any false info constitutes a third degree felo | the applicable statutory filing requirements, this date will not be ate's records. For an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statutes. To accordance with section 605.0203 (1) (b) Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. The accordance with section 605.0203 (1) (b), Florida Statutes. |
| REQUIRED SIGNATURE: Signature of a member of am aware that any false info constitutes a third degree felo | ling: |
| REQUIRED SIGNATURE: Signature of a member of am aware that any false info constitutes a third degree felo | ing: |

ARTICLE IV-