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16 MAR -9 PH 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIO

03-17-

COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	Elite Functional training LLC	
SUBJECT		ted Liability Company
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.
Please retu	urn all correspondence concerning this matt	er to the following:
	Chester Brian Mellonius	
		Name of Person
	Elite Functional training LLC	
		Firm/Company
	1916 Bentley Blvd	
	,	Address
	Kissimmee/Florida, 34741	
	Cit	y/State and Zip Code
-	E-mail address: (to be used for	or future annual report notification)
For further in	information concerning this matter, please of	eall:
	Chester Brian Mellonius	407 766-1978
		a Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	Certificate of Status	\$155.00 Filing Fee & Silfonce Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address 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

Elite Functional training LLC (Must end with the words "Limited Lial ARTICLE 11 - Address: The mailing address and street address of the principal office	, , , , ,
, , , , , , , , , , , , , , , , , , ,	of the Limited Liebility Company in
Principal Office Address:	Mailing Address:
Chester Brian Mellonius	Chester Brian Mellonius
1916 Bentley Blvd	1916 Bentley Blvd
Kissimmee/Florida, 34741	Kissimmee/Florida, 34741
1916 Bentley Blvd	1916 Bentley Blvd Kissimmee/Florida, 34741

Chester Brian Mellonius
Name

1916 Bentley Blvd

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

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

Kissimmee Florida, 34741
City State Zip

16 MAR -9 PM 4: 50, SECRETARY OF STATE TALLAHASSEE, FLORIDA

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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Chester Brian Mellonius
	1916 Bentley Blvd
	Kissimmee/Florida, 34741
	Dec.
	<u></u> 9
	<u> </u>
(Lice attackment if necessary)	
	the date of filing: Tuesday March 1st, 2016 (OPTIONAL)
RTICLE V: Effective date, if other than an effective date is listed, the date must edate of filing.) ote: If the date inserted in this block does document's effective date on the Dep	the date of filing: Tuesday March 1st, 2016 . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
RTICLE V: Effective date, if other than an effective date is listed, the date mue date of filing.) ote: If the date inserted in this block do	the date of filing: Tuesday March 1st, 2016 . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
RTICLE V: Effective date, if other than an effective date is listed, the date must edate of filing.) ote: If the date inserted in this block doe document's effective date on the Dep RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	the date of filing: Tuesday March 1st, 2016 (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed artment of State's records. State's records. Of a member or an authorized representative of a member. So executed in accordance with section 605.0203 (1) (b), Florida Statutes.
RTICLE V: Effective date, if other than an effective date is listed, the date must edate of filing.) ote: If the date inserted in this block doe document's effective date on the Dep RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	the date of filing: Tuesday March 1st, 2016 (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed artment of State's records. State's records.
RTICLE V: Effective date, if other than an effective date is listed, the date must date of filing.) ote: If the date inserted in this block doe document's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a thin	the date of filing: Tuesday March 1st, 2016 (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed artment of State's records. State's records. of a member or an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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)