

L16000077468

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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16 APR 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
X-FIT SPORTS USA, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

16 APR 20 PM 1:38
FILED

Handwritten signature and date 4/21/16

(H160000986773)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

X-FIT SPORTS USA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

X-FIT SPORTS USA, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**8070 NW 108 PL
DORAL FL, 33178**

The mailing address shall be:

**8070 NW 108 PL
DORAL FL, 33178**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

JAIRO ARIAS

8070 NW 108 PL

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

DORAL FL, 33178

City, State, and Zip

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**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

(H160000986773)

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JAIRO ARIAS
8070 NW 108 PL
DORAL FL, 33178

MANAGER

STEVEN QUICENO
8070 NW 108 PL
DORAL FL, 33178

MANAGER

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAIRO ARIAS

Typed or printed name of signee

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16 APR 20 PM 1:36
CLARA GIRALDO P.A.

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300