

L16000152832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

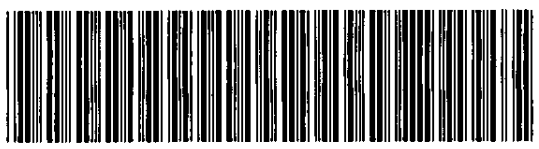
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000288620190

08/17/16--01007--001 **125.00

RECEIVED
16 AUG 17 AM 9:54
NOT PRESENT
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
16 AUG 17 AM 11:00

158 8/17/16

Superbiz.com, Inc.
2761 Vista Pkwy Unit E4
West Palm Beach, FL 33411
Tel 1-800-494-3124
Email sales@superbiz.com

RETURN TO: SUNSHINE CORPORATE FILING

Date: **AUGUST 16, 2016**

Entity Name: **FOXHOP FITNESS, LLC**

****Please File the Attached and Return****

Plain Copy

Certified Copy

Certificate of Status

Total Due: 125-

Check Number: 2704

Please return completed documents to the

RETURN TO: SUNSHINE CORPORATE FILING

For questions on this filing: call Tina Goff - 1-850-508-1891

FILED
16 AUG 17 AM 11:00
SUNSHINE CORPORATE FILING

FILED

16 AUG 17 11:11:00

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

ARTICLE I NAME

The name of the Limited Liability Company is:

FOXHOP FITNESS, LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

4217 NW FEDERAL HIGHWAY

JENSEN BEACH, FLORIDA 34957

The mailing address of the Limited Liability Company is:

516 SW SUN CIRCLE

PALM CITY, FLORIDA 34990

ARTICLE III REGISTERED AGENT

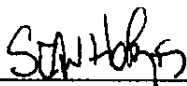
The name and the Florida street address of the registered agent are:

SEAN HOPKINS

516 SW SUN CIRCLE

PALM CITY, FLORIDA 34990

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.

x 

SEAN HOPKINS / Registered Agent's signature

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

SEAN HOPKINS

516 SW SUN CIRCLE

PALM CITY, FLORIDA 34990

AUTHORIZED MEMBER

TABITHA HOPKINS

516 SW SUN CIRCLE

PALM CITY, FLORIDA 34990

FILED
16 AUG 17 AM 11:00
CLERK OF THE COURT
PALM BEACH COUNTY, FLORIDA

x SEAN HOPKINS
SEAN HOPKINS / Authorized Representative's signature

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)