Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6381

from:

Account Name : MACLEOD, MCGINNESS & BOWMAN, P.A.

Account Number : 102223000620 Phone : (941)954-8788

Fax Number : (941)954-5974

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ල Email Address

mjfarhatsy@yahoo.com

FLORIDA LIMITED LIABILITY CO.

Farhat Fitness, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORII	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Farhat Fitness, LLC (Must end with the words "Limited Liabil	ity Company, "T. L.C.," or "T.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
1800 Second Street, Suite 730	1800 Second Street, Suite 730
Sarasota, FL 34236	Sarasota, FL 34236
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registernother business entity with an active Florida registration.)	ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
Matthew G. Farhat, Jr	
Name	•

1800 Second Street, Suite 730 Florida street address (P.O. Box NOT acceptable)

Sarasota FL 34236 City State 2îp

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 (&EQUIRED)

(CONTINUED)

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ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company	
•	i w manage and commet are control carefully company.	
TS414.	Name and Address	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR (Matthew G. Farhat, Jr	
	1800 Second Street, Suite 730	
÷	Sarasota, FL 34236	
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LE VI: Other provisions, if any.		
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REOUIRED SIGNATURE:	FILT N	
REOUIRED SIGNATURE:	Farlat J	
REOUIRED SIGNATURE; Signature of a member of	r an authorized representative of a member.	
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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)

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