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Florida Department of State
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To:

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

From:

Account Name : DENNIS L. HORTON, P.A.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
ENDORPHINS CYCLING STUDIO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

NOV 08 2016

T. SCOTT

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**ARTICLES OF ORGANIZATION
OF ENDORPHINS CYCLING STUDIO, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I
Name**

The name of the Limited Liability Company is ENDORPHINS CYCLING STUDIO, LLC.

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

925 White Oak Way
Minneola, FL 34715

Mailing Address:

925 White Oak Way
Minneola, FL 34715

**ARTICLE III
Purpose**

The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers which are afforded limited liability companies under the laws of the State of Florida.

**ARTICLE IV
Duration**

The duration of this limited liability company shall be perpetual.

**ARTICLE V
Initial Members**

The number of initial members of this limited liability company is two (2).

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**ARTICLE VI
Management**

This limited liability company will be managed by the following member only: KYLE ROY CARPENTER, 925 White Oak Way, Minneola, FL 34715 AMBR, Authorized Member MGR, Manager)

**ARTICLE VII
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the initial registered agent are KYLE ROY CARPENTER, 925 White Oak Way, Minneola, FL 34715.

**ARTICLE VIII
COMMENCEMENT OF EXISTENCE**

This limited liability company shall commence its existence on the 7 day of November, 2016.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 4 day of November, 2016.

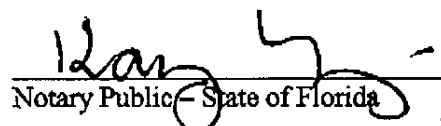
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.)


KYLE ROY CARPENTER

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me on the 4 day of November, 2016, by KYLE ROY CARPENTER, as Member/Manager of ENDORPHINS CYCLING STUDIO, LLC, who produced FL DL for identification.




Notary Public - State of Florida

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

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.


KYLE ROY CARPENTER
Registered Agent