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(Re	equestor's Name)
(Ac	dress)
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(Cir	ty/State/Zip/Phone #)
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PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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Cartified Conjec	Certificates of Status
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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01/19/17

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Frap F. 4ness Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zackary L. Frapart
Name of Person
Firm/Company
2221 Amel: a C.Vcle Address
Address
City/State and Zip Code Cack frapart @ gma! 1. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Zackfrapart @ gma! 1. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Zackary Fragart at (954) 240 - 2630 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & 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

Frap Fitness LL	<u> </u>	
(Must end with the words "Limited Lia	bility Company, "L	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address;	e of the Limited Lia	bility Company is: Mailing Address:
	"	Maining Addi Cas.
Zadi Amelia Circle Tallahussee, FL		

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

another business entity with an active Florida registration.)

<u>Zackary</u>	L. Frag	ant
	Name	
2221 Amel	la Circ	le
Florida street address		
Tullahassee	FL	32304
City	State	Zip

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

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TILED

<u>Fitle:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	7 . – .
MGR	Lack ary L. trapart
	Tullaharse, IL 32304
MGR	11
	2221 Amelia Circle
	Tullahussee, FL 32304
	,
-	
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date must t f filing.)	not meet the applicable statutory filing requirements, this date will not
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ARTICLE IV-

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SECRETARY OF STATE
ALLAHASSEE