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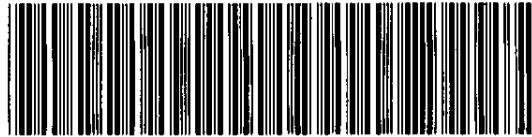
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**DATE:** 1/31/17

**NAME:** ACHIEVE FITNESS FLEMING ISLAND, LLC

**TYPE OF FILING:** ARTICLES

**COST:** 155.00 - CHECK IS ATTACHED

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** TCA0000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

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**ARTICLES OF ORGANIZATION  
OF  
ACHIEVE FITNESS OF FLEMING ISLAND, LLC**

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SECRET  
FALL 2017

**ARTICLE I – NAME**

The name of the limited liability company is ACHIEVE FITNESS OF FLEMING ISLAND, LLC, ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:

2349 VILLAGE SQUARE PARKWAY, SUITE 127  
FLEMING ISLAND, FL 32003

Mailing Address:

2349 VILLAGE SQUARE PARKWAY, SUITE 127  
FLEMING ISLAND, FL 32003

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

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

STEPHEN NEBRAT  
2349 VILLAGE SQUARE PARKWAY, SUITE 127  
FLEMING ISLAND, FLORIDA 32003

*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.*

✓   
STEPHEN NEBRAT

**ARTICLE IV - MANAGERS OR MEMBERS**

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

Title:

"MGR" = Manager

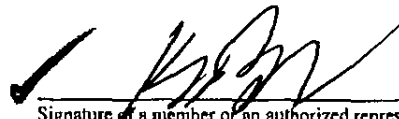
"AMBR" = Authorized Member

AMBR

Name and Address:

Bryce DeHaven  
2349 VILLAGE SQUARE PARKWAY, SUITE  
127  
FLEMING ISLAND, FLORIDA 32003

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Bryce DeHaven

Typed or printed name of signee

2011 JUN 31 PM 1:16  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ACHIEVE FITNESS OF FLEMING ISLAND, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is ACHIEVE FITNESS OF FLEMING ISLAND, LLC.

2. The name and the Florida street address of the registered agent and office are:  
STEPHEN NEBRAT

2349 VILLAGE SQUARE PARKWAY, SUITE 127, FLEMING ISLAND,  
FLORIDA 32003.

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, Florida Statutes.

  
\_\_\_\_\_  
STEPHEN NEBRAT  
Registered Agent

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