Division of Corporations

17appole 025538

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000032343 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. TREE'S PILATES, LLC

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

T. BURCH FEB 3 2017

https://efile.sunbiz.org/scripts/efilcovr.exe

9696889906

05/05/2017 11:39

2/2/2017

This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE 44 NE 16th Street Homestead, Florida 33030 305-247-7132 Florida Bar No. 435910

ARTICLES OF ORGANIZATION

OF

TREE'S PILATES, LLC

TEB-2 AH IO: 58

ARTICLE I:

The name of this limited liability company shall be: TREE'S PILATES, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

MAILING ADDRESS: 34635 SW 188 Place, #357 Homestead, FL 33034

PHYSICAL ADDRESS: 2004 N. Krome Avenue Homestead, FL 33030

ARTICLE III:

The name and the Florida street address of the registered agent for TREE'S PILATES, LLC, are as follows:

JUNTREE PEDRAZA 2004 N. Krome Avenue Homestead, FL 33030

Page 1 of 2 Pages

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.

ARTICLE IV:

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

JUNTREE PEDRAZA (AMBR) 34635 SW 188 Place, #357 Homestead, FL 33034

DATED this ____ day of February, 2017.

JUNPREE PEDRAZA, AUTHORIZED MEMBER

MIGOTOCORP & ELC WORKWIGH-17 TRICE'S PILATES, LLCVARTICLES OF ORGANIZATION LLC-tow 81-22-17 - CADAGO

Page 2 of 2 Pages