

MAR/01/2017/WED 01:46 PM

2/28/2017

P. 001

L17000045206
Florida Department of State
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.

((H17000056109 3)))



H170000561093ABC3

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

RECEIVED

17 MAR - 1 PM 1:33

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
SFL FITNESS- PEMBROKE PINES, LLC"**

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

17 MAR - 1 PM 9:13

Electronic Filing Menu

Corporate Filing Menu

Help

M. MOON
MAR 01 2017

MAR/01/2017/WED 01:46 PM

FAX No.

P.002

850-617-6381

3/1/2017 12:40:57 PM PAGE 1/001 Fax Server



March 1, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: SFL FITNESS PEMBROKE PINES, LLC
REF: W17000017466

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The articles of organization must be prepared in compliance with section 605.0201, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000056109
Letter Number: 517A00003928

17 MAR - 1 601 9:13

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SFL Fitness - Pembroke Pines, LLC"

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:267 Minorca Ave., #100Coral Gables, FL 33134Mailing Address:267 Minorca Ave., #100Coral Gables, FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

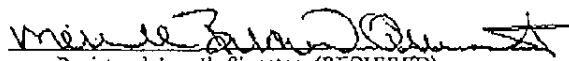
Grueninger Law, PA

Name

267 Minorca Ave., #100Florida street address (P.O. Box NOT acceptable)Coral Gables, FL 33134

City, State, and 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

17 MAR -1 AM 9:13
FILED
MAR 1 2017
CLERK OF CIRCUIT COURT
MIAMI COUNTY, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMEdward Elgarresta287 Minorca Avenue, suite 100Coral Gables, FL 33134MGRMChristina Harper287 Minorca Avenue, suite 100Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Edward Elgarresta

Typed or printed name of signer

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)

17 MAR -1 PM 9:14

SEP 11 2017