

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L17000103319  
FILED 8:00 AM  
May 09, 2017  
Sec. Of State  
nculligan**

**Article I**

The name of the Limited Liability Company is:

ONLY U FIT LLC

**Article II**

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

1525 SW GOPHER TRAIL  
PALM CITY, FL. 34990

The mailing address of the Limited Liability Company is:

1525 SW GOPHER TRAIL  
PALM CITY, FL. 34990

**Article III**

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

PALISIN KIMBERLY  
1525 SW GOPHER TRAIL  
PALM CITY, FL. 34990

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.

Registered Agent Signature: KIMBERLY PALISIN

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
KIMBERLY PALISIN  
1525 SW GOPHER TRAIL  
PALM CITY, FL. 34990 US

Title: AMBR  
ROBERT FLORIO  
150 RIDGE LAKE RD.  
POMONA PARK, FL. 32181 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

05/04/2017

Signature of member or an authorized representative

Electronic Signature: KIMBERLY PALISIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.