

MAY-11-2017 02:00PM

FROM-GREENBERG TRAURIG BOCA

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 955-7600
Fax Number : (561) 338-7099

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

Email Address: PPIETRINI@ULTIMADOWNTOWN.COM

FLORIDA LIMITED LIABILITY CO.

Ultima Boxfit, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
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17 MAY 11 PM 4:34

FLORIDA DEPARTMENT OF STATE
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17 MAY 11 PM 12:10

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Electronic Filing Menu

Corporate Filing Menu

Help

M. MOON

MAY 11 2017

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
ULTIMA BOXFIT, LLC**

ARTICLE I – NAME: The name of the limited liability company is:

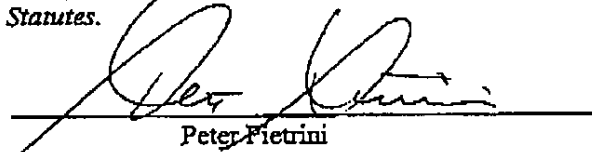
ULTIMA BOXFIT, LLC (the “Company”).

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 400 Clematis Street, Suite 101, West Palm Beach, FL 33401. The street address of the principal office of the Company is 400 Clematis Street, Suite 101, West Palm Beach, FL 33401.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT’S SIGNATURE: The name and the Florida Street address of the Company’s registered agent are:

Peter Pietrini
400 Clematis Street, Suite 101
West Palm Beach, FL 33401

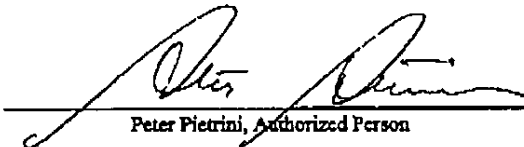
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 in Chapter 605, Florida Statutes.


Peter Pietrini

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

| <u>Title</u> | <u>Name and Address</u> |
|--------------|---|
| Manager /CEO | Peter Pietrini 400 Clematis Street, Suite 101 West Palm Beach, FL 33401 |
| Manager | Ian Curran 400 Clematis Street, Suite 102 West Palm Beach, FL 33401 |

REQUIRED SIGNATURE:


Peter Pietrini, Authorized Person

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

SECRET
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17 MAY 11 PM 12:10