Division of Corporations **Electronic Filing Cover Sheet**

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(((H180000204293)))



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Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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.

TSI - Donald Ross Realty, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	TSI – Donald Ross Realty, I	LLC	
SOME		me of Limited Liab	ility Company
The encle	osed Articles of Organization and	fee(s) are submitte	ed for filing.
Please re	turn all correspondence concerni	ng this matter to the	e following:
	Holen Lin		
	**************************************	Name (of Person
	Becker, Glynn, Muffly, Chase	sin & Hosinski LLI	•
		Firm/C	Company
	299 Park Avenue, 16th Floor		
		Add	iress
	New York, New York 10171		
	hlin@beckerglynn.com	City/State s	and Zip Code
	E-mail address: (to	be used for future	annual report notification)
For further	information concerning this matt	er, please call:	
	Helen Lin	212	888-3033
	Name of Person	Area Code	Daytime Telephone Number
· Enclosed	is a check for the following amou	ınt:	•
\$125.00 F	Filing Fee \$130.00 Filing Certificate of \$	itatus Licertii	.00 Filing Fee & S160.00 Filing Fee, fied Copy nal copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	i	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallanassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liab	thty Company is:			
TSI – Donald Ross			W 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	
(Must co	ntain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal o	ffice of the Limite	d Liability Company is:	
Princ	ipal Office Address:		Mailing Addres	<u>5</u> :
1001 U.S. North H	ighway i	399	Executive Boulevard .	•
Suite 201		Eln	nsford, New York 10523	
Jupiter, FL 33477		<u>c/o</u>	Town Sports International, I	LLC
(The Limited Liability Compa- another business entity with a The name and the Florida street	n active Florida registratio	m.)	,	
	C T Corporation Sys	tem		
		Name		
	1200 Court Diam Jak			
	1200 South Pine Isla Florida street address		rccantable)	
	Trovinsia op det Marie	5 (1.0. 50% <u>1157</u>)	•	
	Plantation,	Florida .	. 33324	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the jum familiar with and accept the d	te, I hereby accept the appo provisions of all statutes re obligations of my position	ointment as register clating to the prope	red agent and agree to act in r and complete performance.	this capacity. I of my duties, and I
	By:		Olga Hinkel - VP	
	Registe	ered Agent's Signa	ture (REQUIRED)	
				* * * * * * * * * *
		(CONTINUED)		# 17 PM
				3: 26

REQUISED 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	MINING - MUNICITIZED INICIDIZED	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) (LEV: Effective date, if other than the date of filing: (OPTIONAL) (Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listened; as effective date on the Department of State's records. LEVI: Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a miember of an authorized representative of a member. This document is executed in accordation with section 695,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State.	Unacidity Administra	
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Carolyn Spainfors, Palm Beach Sports Club, LLC	ILE V: Effective date, if other than the date of frective date is listed, the date must be specific of filing.) If the date inserted in this block does not mee atment's effective date on the Department of the Utility of Signature of a member of the document is executed I am aware that any false in	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, in ormation submitted in a document to the Department of State

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)