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1 of 4

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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FLORIDA

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

Email Address: Yolandamack0105@outlook.com

**FLORIDA LIMITED LIABILITY CO.  
T-Mack Fitness LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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JAN 15 2019



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## COVER LETTER

January 14, 2019

To: New Filing Section  
Division of Corporation

Subject: T-Mack Fitness LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**Kalpesh J. Patel, Esq.**  
**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**

**Kalpesh Patel at 727-279-5037 or e-mail at [contact@flpatellaw.com](mailto:contact@flpatellaw.com)**

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

**Articles Of Organization  
For  
T-Mack Fitness LLC  
A  
Florida Limited Liability Company**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: T-Mack Fitness LLC (the Company).

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Company is 4920 15th Avenue South Suite B, Gulfport, Florida 33707.

**ARTICLE III**

**Registered Agent, Registered office, & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

Yolanda Levesque  
4920 15th Avenue  
South Suite B  
Gulfport, Florida 33707

RECEIVED  
19 JAN 14 AM 8:20  
CLERK OF DISTRICT COURT  
JANUARY 14 2019

*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..*



(sign)

**(CONTINUED)**


**ARTICLE IV:**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>AMBR</u>	<u>Yolanda Levesque</u> 4920 15th Avenue South Suite B Gulfport, Florida 33707

**ARTICLE IV:**

The Effective date shall be the date of filing.

 (sign)

**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.

Yolanda Levesque  
Authorized Representative/Member

FILED  
19 JAN 14 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE FL 32309