

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Componations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
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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. PALOMINO MMA FITNESS LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
PALOMINO MMA FITNESS	110	
ARTICLE II - Address: The mailing address and street address of the principal office of Company is:		
2575 SW 27" AVE	# 505	·
MAMI FLURIDA 33133	•	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent Company cannot serve as Its own Registered Agent. You must designate an Individual or and with an active Florida registration.) LUIS LICGUTE PLONING	t are: (The Limited Liability other business entity	
2575 SW 27TH AUG # 5	505	
MIAMI FLORIDA 33133	<u>.</u> .	
ARTICLE IV The name and title of each person authorized to manage and cor Liability Company: (MGR or AMBR)	entrol the Limited	2019 MAR
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MiAMI FLORIDA 33133	Ż	52 2
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Required Sig	matures:
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Signature of a member or an authorized representative of a member.

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.

Typed or printed name of signee

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)