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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BELOFF LAW, P.A.

Account Number : 120080000060 Phone

: (305)673-1101 Fax Number : (305)673-5505

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

FLORIDA LIMITED LIABILITY CO. HEALTHY BEAR EXERCISES 2, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

APR 25 2019

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COVER LETTER

To:

Registration Section/Division of Corporation

Subject:

New Entity Filing

Entity Name:

HEALTHY BEAR EXERCISES 2, LLC

Memo: The enclosed Articles of Organization and Fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Will Prince, Esq. Beloff Law, P.A. 1691 Michigan Avenue Suite 250 Miami Beach, FL 33139 Telephone: 305-673-1101

Fax: 305-673-5505

Email Address: Sherry@BeloffLawPA.com

Requested Items:

Entity Filing Certificate of Status Certified Copy (((H19000134611 3)))

ARTICLES OF ORGANIZATION FOR HEALTHY BEAR EXERCISES 2, LLC a Florida Limited Liability Company

The undersigned, desiring to form a Limited Liability Company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The Name of the Limited Liability Company is: HEALTHY BEAR EXERCISES 2, LLC

ARTICLE II- ADDRESS:

The Address of its Principal Place of Business, as well as the Mailing Address for this Limited Liability Company is 4409 Alton Road, Miami Beach, FL 33140

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The Name and the Florida Address of the Registered Agent are:

Mark Dunaevsky, 4409 Alton Road, Miami Beach, FL 33140

Having been named as registered agent and to accept service of process for the above state limited flability company at the place designated in this certificate. I haveby accept the appointment as registered agent sealt agent 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 cm familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, P.S.

Mark Dunuevsky, Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-	
The Name and Address of Each Person Authorized to Manage and Control the Limited Liability Company:	
TITLE:	NAME AND ADDRESS:
Manager	Mark Dunaevsky 4409 Alton Road Miami Beach, FL 33140
ARTICLE V-	
Effective Date, if other than the date of filing:	(Optional)
ARTICLE VI- Other provisions, if any.	
REQUIRED SIGNATURE:	
Mark Dunaevsky, Manager	

(In accordance with Section 605.0203 (1)(b), Florida Statuta, the execution of this document constitutes an affirmation under the paratities of perfury that the facts stated herebs 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 s817.155, F.S.)

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