L1900168704

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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N. SAMS

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SECRETARY OF STATE

TO: New Filing Section **Division of Corporations** Studio Fitness Name of Limited Liability Company SUBJECT: The enclosed Articles of Organization and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Justin Downing 8121 Fort Chiswell Trail Address Jacksonville, FL 32244 City/State and Zip Code J. Downing 2035 Q yahoo. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Justin Downing at 904, 38 Z-555/ Name of Person Area Code Davine Telephone Number Enclosed is a check for the following amount: 8160.00 Filing Fee, \$155.00 Filing Fee & \$125.00 Filing Fee \$130.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLE 1 - Name:

The name of the Limited Liability Company is:



(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:



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)

(CONTINUED)

ARTICLE IV-

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGRZ	Justin Downing BIZI Fort Chiswell Tre! 1 Jacksonville, FL 32244
	ALLARASSEE
(Use attachment if necessary)	CORNEL BRINE
(If an effective date is listed, the date must be spetthe date of filing.)	of tiling: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory tiling requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	- 1
This document is execu 1 am aware that any false constitutes a third degree	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes. e information submitted in a document to the Department of State e iclony as provided for in s.817.155. F.S. $J \cup S + i M =$

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)