

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000276929 3)))



H190002769293ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : 120010000122
Phone : (239) 649-3200
Fax Number : (239) 649-3410

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

Email Address: brian.samelson@two39group.com

FLORIDA LIMITED LIABILITY CO.

Two39 Fitness, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2019 SEP 16 PM 2:59

2019 SEP 15 11:00

SECRETARY OF STATE
ALLAHAMMAD, F. H. 0001

BOND SCHOENECK & KING

4001 Tamiami Trail North, Suite 250 | Naples, FL 34103-3555 | bsk.com

FAX COVER SHEET

NAME: **FIRM:** **FAX NUMBER:** **PHONE NUMBER:**
FL Dept of State Division of Corporations (850) 617-6381

FROM: Gail Grygiel **DATE:** Monday, September 16, 2019

DIRECT PHONE: (239) 659-3817 **MATTER NUMBER:**
DIRECT FAX: (239) 649-3410
TOTAL PAGES [including cover sheet]: 05

COMMENTS:

FILED
2019 SEP 16 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL 32399

CONFIDENTIALITY NOTE

This telecopy, including Cover Sheet and any accompanying documents (individually and collectively, "the Transmission"), comes from Bond, Schoeneck & King, PLLC. The Transmission is intended solely for the recipient designated on this Cover Sheet. The Transmission may contain confidential and legally privileged communications made between attorney and client in the course of professional employment and for the purpose of legal advice or services.

If the reader of this message is not the designated recipient or the employee or agent responsible for forwarding the Transmission to the designated recipient, any reading, dissemination, distribution, or duplication of the Transmission is prohibited. In such case, the reader is directed to contact Bond, Schoeneck & King at 239-659-3800, as soon as possible and at our expense for further instructions regarding the Transmission. Thank you for your cooperation.

IF THERE IS A PROBLEM WITH THIS TRANSMISSION,
PLEASE NOTIFY THE SENDER IMMEDIATELY. THANK YOU.

Our fax machines are capable of receiving your communications 24 hours a day, 7 days a week.

((H19000276929 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Two39 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:

Pamela C. Lundborg, Esq.

Name of Person

Bond, Schoeneck & King, PLLC

Firm/Company

4001 Tamiami Trail N., Suite 105

Address

Naples, FL 34103

City/State and Zip Code

brian.samelson@two39group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela C. Lundborg

239

659-3800

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H19000276929 3)))

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2019 SEP 16 PM 2:59

FILED

((H19000276929 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Two19 Fitness, LLC

(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:

Principal Office Address:

24301 Walden Center Drive
Suite 300
Bonita Springs, FL 34134

Mailing Address:

24301 Walden Center Drive
Suite 300
Bonita Springs, FL 34134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Brian Samelson

Name

24301 Walden Center Drive, Suite 300

Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs

FL

34134

City

State

Zip

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.

Brian D Samelson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H19000276929 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 SEP 16 PM 2:59

FILED

((H19000276929 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Brian Samelson

24301 Walden Center Drive, Suite 300

Bonita Springs, FL 34134

Alex Allen

24301 Walden Center Drive, Suite 300

Bonita Springs, FL 34134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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
constitutes a third degree felony as provided for in s.817.155, F.S.

Brian Samelson

Typed or printed name of signee

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)

FILED
2019 SEP 16 PM 2:59
TALLAHASSEE, FLORIDA