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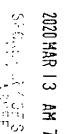


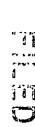
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J. FASON MAR 1 6 2020





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Purroy Fitness Innova	tion LLC			
	-			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: Seth	02/12/20	'		UCC or 3 File
	$\frac{03/13/20}{5}$			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In Thom issue GA 8/00	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: PURROY FTINESS INNOVATION 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: Mailing Address: 1031 N. Federal Hwy. 437 N.E. 1st Street Fort Lauderdale, FL 33304 Pompano Beach, FL 33060 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: JOSE PURROY Name 437 N.E. 1st Street Florida street address (P.O. Box NOT acceptable) Pompano Beach FLCity 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 a registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u> Citle:</u>	Name and Address:
AMBR = Authorized Member	
MGR" = Manager	
AMBR	JOSE PURROY
	1031 N Federal Hwy. Fort Lauderdale, FL33304
	Port Lauderdaile, PL55504
AMBR	LAURA PURROY
	1031 N Federal Hwy.
	Fort Lauderdale, FL33304
	
	
(Use attachment if necessary)	
of filing.) f the date inserted in this block do	the date of filing (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 costs not meet the applicable statutory filing requirements, this date will not
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