

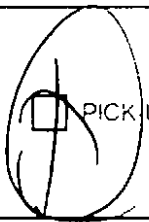
L20000230628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK UP

WAIT

MAIL

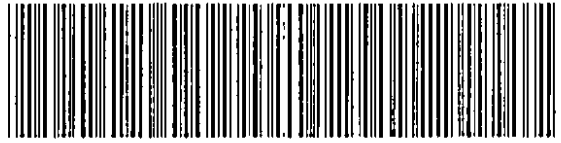
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

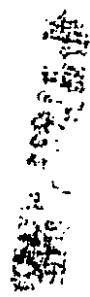
Office Use Only



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08/07/20--01007--002 **5.00



RECEIVED
2020 AUG -7 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 10 PM 2:30

N C...
AUG 10 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2020

*Key Fitness
Center*

KEYMAN BORDERS
1315 PINELLAS DRIVE
TALLAHASSEE, FL 32310

04 T

SUBJECT: KEY FITNESS, L.L.C.
Ref. Number: W20000086750

We have received your document for KEY FITNESS, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 920A00014926

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2020 AUG 10 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Key Fitness Center 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:

1315 Pinellas Drive, Tallahassee, FL 32310

1315 Pinellas Drive, Tallahassee, FL 32310

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:

Keyman Borders

Name

1315 Pinellas Drive,

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

Tallahassee

FL

32310

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

Kevman Borders
1315 Pinellas St
Tallahassee, FL 32310

(Use attachment if necessary)

2020 AUG 10 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

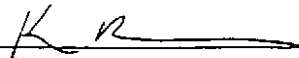
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Kevman Borders _____

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)