

L20000364361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

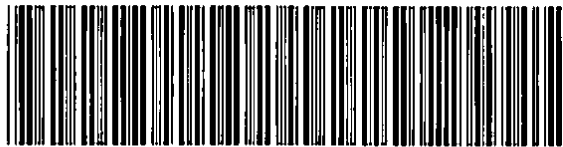
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 NOV 30 PM 3:59

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**CORPORATE  
ACCESS,  
INC.**

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**WALK IN**

**PICK UP:** 11/30/2020

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** LLC \_\_\_\_\_

**CASSIDY BAILEY FITNESS LLC**

- (CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
- \_\_\_\_\_
- (CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
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**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Articles of Organization  
CASSIDY BAILEY FITNESS LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I -Name:**

The name of the Limited Liability Company is:

CASSIDY BAILEY FITNESS LLC

**ARTICLE II -Address:**

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

1200 Plantation Island Drive  
Suite 120  
St. Augustine, FL 32080

**ARTICLE III -Registered Agent and Registered Office:**

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

The Bailey Financial Group LLC  
1200 Plantation Island Drive  
Suite 120  
St. Augustine, FL 32080

2008 NOV 30 PM 5:45

FILED

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.

The Bailey Financial Group LLC

By: 

Name: Mark Bailey

Title: Authorized Signatory

#### ARTICLE IV – Managers:

The Limited Liability Company is Manager-Managed. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Cassidy Bailey The Bailey Financial Group LLC 1200 Plantation Island Drive Suite 120 St. Augustine, FL 32080

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 16<sup>th</sup> day of November 2020. In accordance with Section 605.0203(1)(b) and Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein 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 Section 817.155, Florida Statutes.

By:   
Name: Cassidy Bailey  
Title: Member