

L20000396283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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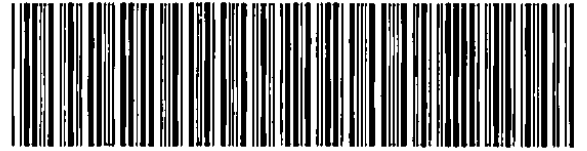
(Business Entity Name)

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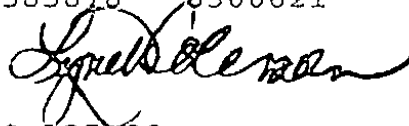
2013 DEC 28 AM 9:56

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 585878 8300621

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : December 23, 2020

ORDER TIME : 4:05 PM

ORDER NO. : 585878-005

CUSTOMER NO: 8300621

DOMESTIC FILING

NAME: THRIVE PILATES AND WELLNESS
CENTER, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
THRIVE PILATES AND WELLNESS CENTER, LLC**

Article I

The name of the limited liability company shall be: Thrive Pilates and Wellness Center, LLC

Article II

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

1631 Bonaventure Blvd Unit 1631
Weston Florida 33327

Article III

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

Name

David C Stenzel

Address

1631 Bonaventure Blvd Unit 1631
Weston FL 33327

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..

David C Stenzel



Registered Agent: David C. Stenzel

2020 DEC 28 AM 9:56

Article IV

The names and residence addresses of all individuals who are to be the original members and the original managers, if any, are:

Name of MGR

Address

David C Stenzel

Angela Stenzel

Name of AMBR

David C. Stenzel

Angela Stenzel

37472 880th st
Heron Lake MN 56137
694 Vista Meadows Dr
Weston Fl 33327


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Heron Lake, Mn 56137

694 Vista Meadows Dr
Weston Fl 33327

Article V

No manager or member of the limited liability company shall have personal liability to the limited liability company or to its members for damages for any breach of duty in such capacity, provide however, that this provision shall not eliminate or limit the liability of any manager or member of the limited liability company if a judgment or other final adjudication adverse to him establishes that his acts or omissions were in bad faith or involved intentional misconduct or a knowing violation of law that he personally gained in fact a financial profit or other advantage to which he was not legally entitled or, with respect to any manager or member of the limited liability company, that his acts violate the Limited Liability Company Act.

REQUIRED SIGNATURE: David C Stenzel

A handwritten signature in cursive script, appearing to read "David C. Stenzel", is written over a horizontal line.

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.

Typed or printed name of signee: David C Stenzel