

L210000 33707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

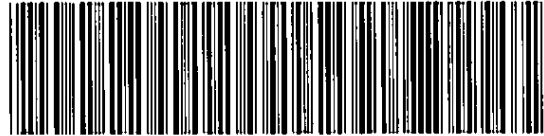
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



500359319015

02/03/21--01002--008 \*\*445.00

21 FEB -2 PM 4:07

2021 FEB -2 PM 2:32

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 02/02/2021

☐ **CERTIFIED COPY**

**XX** **PHOTOCOPY**

☐ **CUS**

**XX** **FILING**

LLC

1. Functional Fitness Management LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

*File 3rd*

**SPECIAL  
INSTRUCTIONS:**

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

**Articles of Organization**

**FUNCTIONAL FITNESS MANAGEMENT I LLC**

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

**ARTICLE I -Name:**

The name of the Limited Liability Company is:

FUNCTIONAL FITNESS MANAGEMENT I LLC

**ARTICLE II -Address:**

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

1918 Rowena Ave  
Orlando, FL 32803

The mailing address of the Limited Liability Company is:

1918 Rowena Ave  
Orlando, FL 32803

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

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

Jonathan E. Hamrick  
1918 Rowena Ave  
Orlando, FL 32803

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.

DocuSigned by:



A875DC1D98AD4D6...

Name: Jonathan E. Hamrick

2021 FEB -2 PM 2:32

#### 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	Jonathan E. Hamrick 1918 Rowena Ave Orlando, FL 32803

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 2<sup>nd</sup> day of February 2021. 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: Jonathan E. Hamrick

Title: Manager

2021 FEB -2 PM 2:32