

L21 000 123692

(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



700360273767

03/04/21--01026--019 **155.00

FILED HASSETT, N. J.

2021 MAR -4 PM 2:00



Toll-Free: 1.888.449.2638

Email: info@CorpNet.com



Direct: 1.805.449.2638

www.CorpNet.com



February 25, 2021

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: B&G SKY FITNESS LLC

To whom it may concern:

The Enclosed Articles of Organization and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees and certified copy in the amount of **\$155.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet™, Incorporated
888-449-2638 Ext. 105
filings@corpnet.com

2021 MAR -4 PM 2:00
FILING



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B&G SKY FITNESS 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:

519 HEATHERCREEK CT
OVEDO, FL 32765

Mailing Address:

519 HEATHERCREEK CT
OVEDO, FL 32765

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:

INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC

Name

1616 ISON LANE

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

OCOEE

FL

34761

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)

2021 MAR -4 PM 2:00

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LISA BRODSKY

519 HEATHERCREEK CT

OVIEDO, FL 32765

AMBR

KEVIN NUNEZ

17 SANDALWOOD CT

OVIEDO, FL 32765

AMBR

DIANE GRUSKY

11272 NW 71ST CT

PARKLAND, FL 33076

AMBR

HAROLD GRUSKY

11272 NW 71ST CT

PARKLAND, FL 33076

(Use attachment if necessary)

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.

Amanda J. Beren

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)

2021 MAR -4 PM 2:00