

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L21000293099  
FILED 8:00 AM  
June 24, 2021  
Sec. Of State  
bjhayes**

**Article I**

The name of the Limited Liability Company is:

NEW U FITNESS JAX, LLC

**Article II**

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

1523 CHAFFEE RD S  
JACKSONVILLE, FL. 32221

The mailing address of the Limited Liability Company is:

PO BOX 14263  
JACKSONVILLE, FL. US 32238

**Article III**

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

RRT & ASSO  
12086 FORT CAROLINE ROAD  
301  
JACKSONVILLE, FL. 32225

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.

Registered Agent Signature: RICKY THROWER

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
KEISHA MARKEY  
9455 103RD ST APT 1921  
JACKSONVILLE, FL. 32210 US

Title: MGR  
SHERI L PHILLIPS  
12012 PINEBROOK DR S  
JACKSONVILLE, FL. 32220 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

06/21/2021

Signature of member or an authorized representative

Electronic Signature: KEISHA MARKEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.