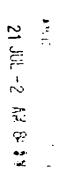
121000305911

(Requestor's Name)
(Address)
(Address)
(1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

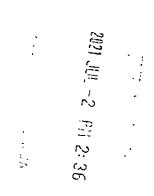
Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	 	·	1	
F45 TRAINING BLU	UE INLET, LL	.C		
				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			ļ	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	06/20/21			UCC 1 or 3 File
	$\frac{06/30/21}{2}$	Time		UCC Search
Name	Date	Time		UCC 11 Retrieval
Walk-In CA and	Will Pick Up			Courier

COVER LETTER

	ew Filing Sec ivision of Cor					
SUBJECT	F45 Trainir	ng Blue Inlet, LLC				
		Name o	of Limite	d Liabili	y Company	
The enclos	ed Articles of	Organization and fee	(s) arc su	bmitted	for filing.	
Please retu	m all correspo	ndence concerning th	nis matter	to the fo	llowing:	
	Arthur B. D'A	Almeida				
				lame of	'erson	
	Arthur B. D'A	Almeida, P.A.				
			1	irm/Cor	npany	
	105 E. Palme	tto Park Road				
			·· <u>·</u>	Addre	ss	
	Boca Raton,	FL 33432				
	dalmeidalaw@	gmail.com	City/S	State and	Zip Code	
-	H	-mail address: (to be	used for	future ar	nual report notificati	on)
For further i	nformation cor	ncerning this matter, p	olease cal	1:		
	Arthur B. D'A		561 at (,	368-4674	
	Name	e of Person			Daytime Telephone	Number
Enclosed is	a check for th	e following amount:				
□\$125.00	Filing Fee	□\$130.00 Filing F Certificate of Statu	s	Certific	00 Filing Fee & d Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address			treet Address	
New Filing Section Division of Corporations				New Filing Section Division The Centre of Tallahassee		

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited L	iability Company is:			
F45 Training B	lue Inlet IIIC			
	t contain the words "Limited	H ishility Company	"I I C "or "II C"	
	of the contract of the contrac	Liaomy Company,	E.D.C., OF ELC.	
ARTICLE II - Address:				
The maining address and sti	reet address of the principal	office of the Limited	l Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
c/o Beth Wallac	e	sam	e	
	ercial Blvd. Suite 110			
Fort Lauderdale	, FL 33309			
(The Limited Liability Con- another business entity wit	d Agent, Registered Office, apany cannot serve as its own the an active Florida registrati treet address of the registere	n Registered Agent. on.)	You must designate an individ	ual or
	Arthur B. D'Almeid	a, P.A.		
		Name		
	105 E. Palmetto Parl	k Road		
	Florida street addres		cceptable)	
	Boca Raton	FL	33432	
	City	State	Zip	
place designated in this certifi further agree to comply with t	icale, I hereby accept the app he provisions of all statutes r he obligations of my position	oointment as register relating to the proper	e above stated limited liability control of agent and agree to act in this and complete performance of a provided for in Chapter 605, where (REQUIRED)	s capacity. I
				#C

ARTICLE IV-

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

Title: "AMBR" = Authorized Memb- "MGR" = Manager	Name and Address:
<u>MGR</u>	Sean Downes 1110 W. Commercial Blvd. Suite 110 Fort Lauderdale. FL 33309
<u>MGR</u>	Tyler Eifert 1110 W. Commercial Blvd. Suite 110 Fort Lauderdale, FL 33309
(Use attachment if necessary)	
If an effective date is listed, the date me the date of filing.)	n the date of filing: ust be specific and cannot be more than five business days prior to or 90 days after loes not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
ARTICLE VI: Other provisions, if any.	
<u>reouired</u> signature:	What adneid
	c 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.

Arthur B. D'Almeida, Attorney in Fact/Registered Agent
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)