## L21000409166

(Req	uestor's Name)	
(Add	ress)	
(Addi	ress)	
(City)	/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doce	ument Number)	· .
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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9/16/21



## COVER LETTER

TO:	New Filing Section Division of Corporations			
SURIF	CT:	BXFIT, LL	C.	
30131.		Limited Liabil	ity Company	
The encl	osed Articles of Organization and fee(s)	) are submitted	for filing.	
Please re	eturn all correspondence concerning this	matter to the	following:	
		BRYAN GO	DODIN	
		Name of	Person	
		BXFIT,	LLC.	
		Firm/Co	mpany	
		4701 NW 5TI	H STREET	
		Addı	ess	-
	<u></u>	PLANTATIO	N, FL. 33317	
	BXFITLLC@YAHOO.COM	City/State ar	d Zip Code	
	E-mail address: (to be us	sed for future a	nnual report notification	on)
or further	r information concerning this matter, ple	ase call:		
	BRYAN GOODINat	954 (	881-1866	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed	is a check for the following amount:			
	00 Filing Fee S130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos
	Mailing Address		Street Address	vision
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			New Filing Section Dir The Centre of Tallaha	ssee .
			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## $\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDALIMITED LIABILITY} \ \textbf{COMPANY}$

ARTICLE 1 - Name: The name of the Limited Liabi	lity Company is:			
	BXE	FIT, LLC.		
(Must co			pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Li	mited Liability Company is:	
Prince	pal Office Address:		Mailing Addre	ess:
4701 NW 5TH STE PLANTATION, FI			4701 NW 5TH STREET PLANTATION, FL. 33317	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with at The name and the Florida street	ny cannot serve as its own n active Florida registratio	Registered Ag m.)	Agent's Signature: gent. You must designate an ind	lividual or
	BRY	AN GOODIN		
		Name		
	4701 N	W 5TH STRE	ET	
	Florida street address	Florida street address (P.O. Box NOT acceptable)		
	PLANTATION	FL	33317	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the jum familiar with and accept the d	e. I hereby accept the appo provisions of all statutes re obligations of my position o	ointment as reg elating to the p as registered a	gistered agent and agree to act is roper and complete performanc	n this capacity. I e of my duties, and I
		(CONTINU	ED)	23

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = A1	thorized Member	Name and Address:	
"MGR" = Mar			
<u>"MGR"</u>		BRYAN GOODIN 4701 NW 5TH STREET	
		PLANTATION, FL. 33317	
(Use attachmer	nt if necessary)		
date of filing.)  te: If the date insert		ific and cannot be more than five business days et the applicable statutory filing requirements, the State's records.	•
TICLE VI: Other pro	visions, if any.		
REQUIRED S			
	Byte	Modi	
	This document is executed	ther or an authorized representative of a member of a member of a member of the section 605.0203 (1) (b), Floring the section 605.0203 (1) (b), Fl	orida Statutes.
	I am aware that any false is constitutes a third degree for	information submitted in a document to the Depart clony as provided for in s.817.155, F.S.	ment of State
		BRYAN GOODIN Typed or printed name of signce	— <b></b>
			· A
\$125.00 Filio	a Fee for Articles of Orce	Filing Fees:	•
	g ree for Articles of Orga ified Copy (Optional)	nization and Designation of Registered Agent	·
	ificate of Status (Ontional)	1	,1