

Division of Corporations

L22000107364
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000096996 3)))



H220000969963ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 15 AM 2:46

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PANTANOSABRINA@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
FIERCE FEMINE FITNESS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

4/1

H22000096996

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIERCE FEMINE FITNESS LLC

(Must end with 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:

Mailing Address:

10891 HAYDN DRIVE
BOCA RATON, FL 33498

10891 HAYDN DRIVE
BOCA RATON, FL 33498

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:

SABRINA PANTANO

Name

10891 HAYDN DRIVE

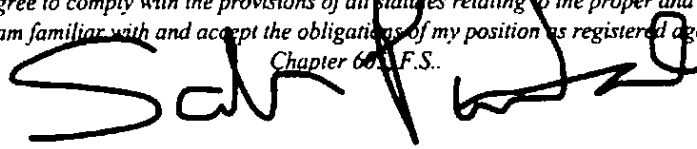
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33498

City

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)

SABRINA PANTANO

(CONTINUED)

FILED
2022 MAR 15 AM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000096996

H22000096996

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CHRISTINA CRESPO

10891 HAYDN DRIVE

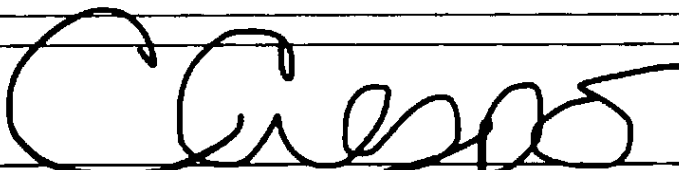
BOCA RATON, FL 33498

(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 30 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 s.817.155, F.S.)

CHRISTINA CRESPO

Typed or printed name of signee

FILED
2022 MAR 15 AM 2:46
DEPT. OF STATE
TALLAHASSEE, FLORIDA

H22000096996