

W23000019112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

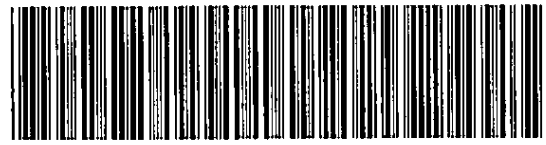
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W2200056125

Office Use Only



800398664728

*CEP*  
*1/18/23*

12/15/22--01015--009    \*\*125.00

2023 JAN -0 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

KL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2022

SILVIA E MORON  
72 BURGUNDY B  
DELRAY BEACH, FL 33484

SUBJECT: GYM UP LLC  
Ref. Number: W22000156125

2022 DEC 19 PM 12:45

We have received your document for GYM UP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 622A00028242

**FILED**  
2023 JAN -0 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** GYM UP LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIA E. MORON  
\_\_\_\_\_  
Name of Person  
  
GYM UP LLC  
\_\_\_\_\_  
Firm/Company  
  
72 BURGUNDY B  
\_\_\_\_\_  
Address  
  
DELRAY BEACH FLORIDA 33484  
\_\_\_\_\_  
City/State and Zip Code  
  
silviamoron44@hotmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIA MORON                      786                      8371776  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
 2023 JAN -0 AM 7: 57  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GYM UP 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:**

72 BURGUNDY B DELRAY BEACH  
FLORIDA 33484

**Mailing Address:**

72 BURGUNDY B DELRAY BEACH  
FLORIDA 33484

**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:

SILVIA E. MORON

Name

72 BURGUNDY B

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

DELRAY BEACH

FL

33484

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)

**FILED**  
2023 JAN -0 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01-01-2023 (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.

---

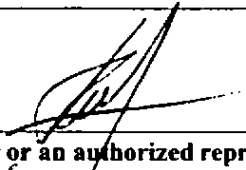


---



---

**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.

SILVIA E. MORÓN

Typed or printed name of signer

**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)

**FILED**  
 2023 JAN -0 AM 7:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

COVER LETTER.

NAME: Silvia E. Morón

ADDRESS: 72 Burgundy B  
Delray Beach, FL. 33484.

Daytime telephone number: (786) 837-1776.

FILED  
2023 JAN -0 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FL