

L23000048173

*Handwritten mark*

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

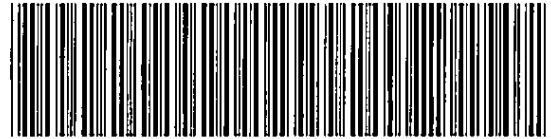
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALPHA ~~PHYSIC~~ <sup>Command</sup> FITNESS  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

BENJAMIN ANDERSON  
(Name of Person)

(Firm/Company)

5582 CARERA DRIVE  
(Address)

AVE MARIETTA, FL 34142  
(City/State and Zip Code)

For further information concerning this matter, please call:

BENJAMIN ANDERSON at ( 939 ) 450 2611  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ALPHA COMMAND FITNESS

2. The Articles of Organization were filed on JANUARY 25, 2023 and assigned

document number L 23000045173

3. The delayed effective date the dissolution if not effective on the date of filing: 10-1-23  
(effective date cannot be prior to or more than 90 days later than date document is received for 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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

UNANIMOUS CONSENT TO DISSOLVE COMPANY

2023 DEC 15 PM 3:40  
FLORIDA DEPARTMENT OF STATE

FILED

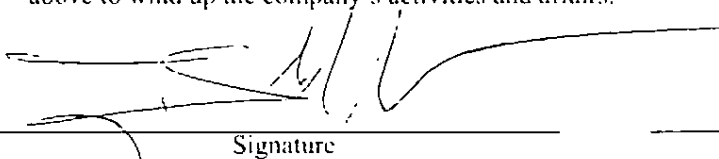
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

BENJAMIN ANDERSON

5522 CARRERA DR.

AVE MARIA, FL 34142

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

BENJAMIN ANDERSON  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

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

**L23000048173  
FILED 8:00 AM  
January 25, 2023  
Sec. Of State  
oisimmons**

**Article I**

The name of the Limited Liability Company is:

ALPHA COMMAND FITNESS LLC

**Article II**

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

5582 CARRARA DRIVE  
NAPLES, FL. US 34142

The mailing address of the Limited Liability Company is:

PO BOX 292474  
DAVIE, FL. 24 33329

**Article III**

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

JANAINA L. ANDERSON  
5582 CARRARA DRIVE  
NAPLES, FL. 34142

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: JANAINA ANDERSON

#### **Article IV**

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

Title: AR  
BENJAMIN M ANDERSON  
5582 CARRARA DRIVE  
AVE MARIA, FL. 34142 UN

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January 25, 2023  
Sec. Of State  
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#### **Article V**

The effective date for this Limited Liability Company shall be:

01/25/2023

Signature of member or an authorized representative

Electronic Signature: BENJAMIN ANDERSON

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.