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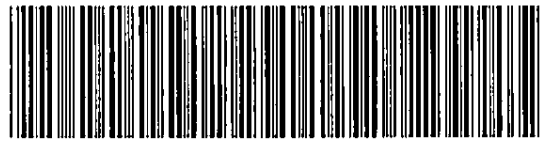
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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## LAW OFFICES OF JAMES P. COVEY, P.A.

<b><u>VERO BEACH OFFICE</u></b> 1575 Indian River Blvd, Suite C-120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074	<b><u>STUART OFFICE</u></b> 2207 South Kanner Highway Stuart, FL 34994 Telephone: 772.286.5820 Facsimile: 772.286.1505
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**James P. Covey, J.D., M.B.A.**  
**Licensed to practice in Florida and Maryland**

Robyn Haffield, Florida Registered & Sr. Paralegal/Firm Manager  
Melanie B. Kelhoffer, Sr. Paralegal  
Sierra Gullo, Paralegal  
Lorraine Szappan, Client Support Services

Merrily Minardi, Accounting Services  
Debbie Hogsten, Accounting Services  
Gerard Scobie, Client Support Services

February 14, 2023

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

**Re: TCA FITNESS SERVICES, LLC.**

To Whom It May Concern:

Enclosed, you will find the following:

1. Cover Letter;
2. Articles of Organization for Florida Limited Liability Company TCA FITNESS SERVICES, LLC.
3. Check No. 11373 in the amount of \$130.00 which represents the filing fee for the Articles of Organization.

If you should need anything further to process the enclosures, please contact Melanie Kelhoffer at 772.770.6160. Thank you.

Sincerely,

James P. Covey, Esq.

/mk  
enclosures

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TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** TCA FITNESS SERVICES, 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:

JAMES P. COVEY, ESQ.

\_\_\_\_\_  
Name of Person

JAMES P. COVEY, P.A.

\_\_\_\_\_  
Firm/Company

1575 INDIAN RIVER BOULEVARD, SUITE C-120

\_\_\_\_\_  
Address

VERO BEACH, FL 32960

\_\_\_\_\_  
City/State and Zip Code

OFFICE@JCOVEYLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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For further information concerning this matter, please call:

JAMES P. COVEY, ESQ.

772

770.6160

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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  
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 Liability Company is:

TCA FITNESS SERVICES, 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:

2181 SW ALMINAR STREET  
PORT ST. LUCIE, FL 34953

Mailing Address:

P.O. BOX 9193  
PORT ST. LUCIE, FL 34985

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:

KELLI MARIE McDONALD

Name

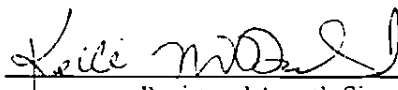
2181 SW ALMINAR STREET

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

PORT ST. LUCIE      FL      34953

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)

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TALLAHASSEE, FLORIDA

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(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR & MGR"

KELLI MARIE McDONALD  
2181 SW ALMINAR STREET  
PORT ST. LUCIE, FL 34953

"AMBR & MGR"

MIGUEL JOSE GONZALEZ  
2181 SW ALMINAR STREET  
PORT ST LUCIE, FL 34953

"AMBR"

MATTHEW KENNETH McDONALD  
1729 SE MINORCA AVENUE  
PORT ST. LUCIE, FL 34952

(Use attachment if necessary)

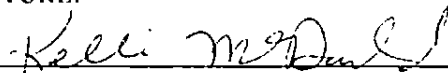
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this document 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.

Kelli McDonald

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)

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TALLAHASSEE, FLORIDA