## L23000428649

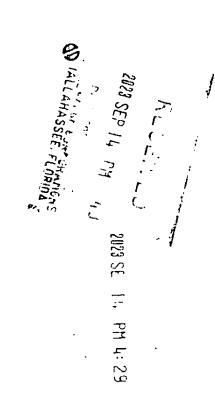
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900406665639

09/14/23--01012--017 \*\*125.00





## COVER LETTER

Division of Corporations	
SUBJECT: FIT 407 Winter Garden, LLC	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mark Nelson	
Name of Person	
Firm/Company	
·	
11409 N Canden Commons L	ے (
Address	
Address  Windermer FL 34786  City/State and Zip Code info e Fit 407. com	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mark Nelson at (407) 415 4951  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
♥\$125.00 Filing Fee	
Mailing Address Street Address	

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

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

FIT 407 Winter	Garden	, 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 L	iability Company is		
Principal Office Address:	Mailing A	ddress:	
Windermere R 34786	SAME		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	ou must designate ar		
Name			^
Mark Nels Name 11409 NC	AMDEN	Lommoni	1)/
Florida street address (P.O. Box NOT acc	eptable)	•	
Florida street address (P.O. Box NOT according to the contract of the contract	34786		
City State	Zip		
laving been named as registered agent and to accept service of process for the a place designated in this certificate, I hereby accept the appointment as registered further agree to comply with the provisions of all statutes relating to the proper at an familiar with and accept the obligations of my position as registered agent as  Registered Agent's Signatur	agent and agree to nd complete perforn provided for in Cha	act in this capacity. I ance of my duties, and I	
(CONTINUED)			

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Mallager	MARK NELSON
	1409 N. CAMOEN COMMONI DE
	Winderner 12 34786
MGR	MICHELE NELSON
	11409 N. LAMOEN LOMMONS Dr
	Windermere FL 34736
	<del> </del>
<del></del>	
(Use attachment if necessary)	
nent's effective date on the Department  EVI: Other provisions, if any.	t of State's records.
REQUIRED SIGNATURE:	1
- 17 I	
$V$ $\iota$	land MM
Signature of a m	member or an authorized representative of a member.
This document is execu	nember or an authorized representative of a member.  atted in accordance with section 605.0203 (1) (b), Florida Statutes.
This document is executed am aware that any fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
This document is exect I am aware that any fals constitutes a third degree	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
This document is exect I am aware that any fals constitutes a third degree	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
This document is exect I am aware that any fals constitutes a third degree	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
This document is exect I am aware that any fals constitutes a third degree	see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.  Mark Melse  Typed or printed name of signce
This document is exect I am aware that any fals constitutes a third degree	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
This document is exect I am aware that any fals constitutes a third degree of the second seco	see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent
This document is exect I am aware that any fals constitutes a third degree for Articles of Or	see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent
This document is exect I am aware that any fals constitutes a third degree  \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent