

L23000546888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

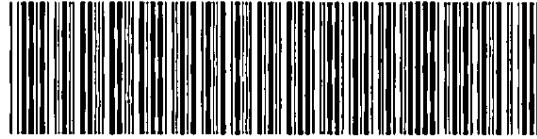
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115 N CALHOUN ST., STE. 4
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P: 866.625.0838
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Account#: 120000000088

Date: 12/12/2023

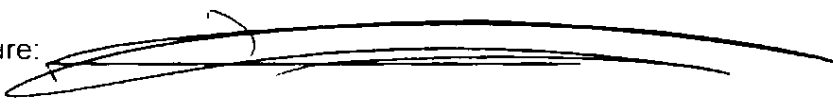
Name: KEN

Reference #: 2209158

Entity Name: ECLIPSE FITNESS XIX, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other ** CERTIFIED COPIES & GOOD STANDING UPON FILING **

Authorized Amount: \$160.00

Signature: 

📍 CORPORATE HQ
COGENCY GLOBAL INC.
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NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

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REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

📍 ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
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115 N CALHOUN ST., STE. 4
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P: 866.625.0838
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Account#: I20000000088

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**ARTICLES OF ORGANIZATION
OF
ECLIPSE FITNESS XIX, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **Eclipse Fitness XIX, LLC**

ARTICLE II: - Address

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

**800 Formosa Avenue
Winter Park, Florida 32789**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**Cogency Global Inc.
115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301**

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.

Cogency Global Inc., as Registered Agent

/s/ Ken Howell, Asst. Secretary

Name: Ken Howell

Title: Asst. Secretary

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

MGR

Alex Grzymala
800 Formosa Avenue
Winter Park, Florida 32789

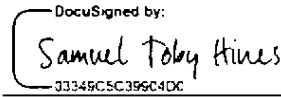
MGR

Samuel Toby Hines
800 Formosa Avenue
Winter Park, Florida 32789

2023

1:00

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on December
12, 2023.

DocuSigned by:

33345C5C396C4DC

Samuel Toby Hines, 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 Section 817.155, Florida Statutes.)

Samuel Toby Hines
Typed or printed name of signee

2023