Electronic Filing Cover Sheet

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(((H24000253179 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Name : HUBCO

Account Number : 104662003400 : (516)813-1184 Fax Number : (516)935-3088

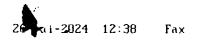
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

spencerjdwyer@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Fitbay LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



H24000253179

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Fitbay LLC (Must end with 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: Mailing Address: 16901 COLLINS AVE, Apt 805

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:

SUNNY ISLES BEACH, FL 33160

SPENCER DWYER

Name

16901 COLLINS AVE, Apt 805

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

SUNNY ISLES BEACH FL 33160

SUNNY ISLES BEACH, FL 33160

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)

SPENCER DWYER

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	SPENCER DWYER
AWDIT	16901 COLLINS AVE, Apt 805
	SUNNY ISLES BEACH, FL 33160

*	
(Her attachment if necessary)	
(Use attachment if necessary)	
EV: Effective date, if other than the date ective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 d
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EV: Effective date, if other than the date ective date is listed, the date must be sp of filling.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ective date is listed, the date must be spot filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a monotonic constitutes an affirmation of a management of the ection constitutes an affirmation of the ection constitutes and affirmation of the ection constitutes are affirmation of the ection constitutes and affirmation of the ection constitutes are affirmation of the ection constitutes and affirmation of the ection constitutes are affirmation constit	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 1formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)

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