

Oct 31, 2024 2:54pm Sosme Fax  
10/31/24, 3:35 PM

9545731480

1

Division of Corporations

# Florida Department of State

OHCF-08 (03/05)

**62400046229**

((H24000363773 3)))

RE  
11-1-24



H240003637733ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC  
Account Number : I28200000102  
Phone : (954)998-1035  
Fax Number : (954)573-1480

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

Email Address: \_\_\_\_\_

2024 OCT 31 PM 3:56

FILED

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

## FLORIDA LIMITED LIABILITY CO. DR FIT GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED

2024 OCT 31 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

KB

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DR FIT GROUP 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:

CHANO MUNOZ LLONTOP

Name of Person

DR FIT GROUP LLC

Firm/Company

6295 BAHIA DEL MAR CIRCLE APT 403

Address

ST PETERSBURG FL 33715

City/State and Zip Code

CMUNOZLL@ICLOUD.COM

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

For further information concerning this matter, please call:

CHANO MUNOZ

813

450-4915

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

2024 OCT 31 PM 3:56

FILED

STATE  
OFFICE  
TALLAHASSEE, FL

ARTICLE III

Limited Liability

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DR FIT GROUP 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:

Mailing Address:

6295 BAHIA DEL MAR CIRCLE APT 403

ST. PERTERSBURG FL 33715

6295 BAHIA DEL MAR CIRCLE APT 403

ST. PERTERSBURG FL 33715

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:

CHANO MUNOZ ILONTOP

Name

6295 BAHIA DEL MAR CIRCLE APT 403

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

ST. PERTERSBURG

FL

33715

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 OCT 23 PM 3:56

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

CHANO MUNOZ LLONTOP  
6295 BAHIA DEL MAR CIRCLE APT 403  
ST. PETERSBURG FL 33715

MGR

FABRIZIO CRUDO ZIGNAIGO  
6295 BAHIA DEL MAR CIRCLE APT 403  
ST PETERSBURG FL 33715

12

(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 date 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.

CHANO MUNOZ LLONTOP

Typed or printed name of signer

**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)

FILED  
2024 OCT 31 PM 3:56  
STATE  
FL