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(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 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues

please contact Cheyanne at

850-202-1882

Date:12/26	6/2024		
Name: Ch	eyanne Davis		
Reference #:	2602752		
	ECLIPSE FITNES	S XXI, LLC	
✓ Articles of Ir	ncorporation/Authorization to Trans	sact Business	
☐ Amendment			
☐ Change of Agent			
☐ Reinstateme	ent	25	
Conversion		PH 4: 12	
		# 12	
☐ Dissolution/	Withdrawal	1.1	
Fictitious Na	ame		
✓ Other	PLEASE ATTACH C	C UPON FILING	
Authorized Amount	\$155.00		
Signature: (Vhyrone aire		



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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:12	2/26/2024			
Name:	Cheyanne Davis	_		
Reference #:	2602752	_		
	ECLIPSE FI	TNESS XXI, LLC		
✓ Articles of	of Incorporation/Authorization	to Transact Business		
Amendm	nent			
Change of Agent				
☐ Reinstat	ement			
☐ Conversion				
Merger				
☐ Dissoluti	on/Withdrawal			
Fictitious	s Name			
✓ Other	PLEASE AT	TACH CC UPON FILING		
Authorized Amo	ount: \$155.00			
Signature:	(Chupme Paine			

P: 800.221.0102

F: 800.944.6607

ARTICLES OF ORGANIZATION OF ECLIPSE FITNESS XXI, LLC

ARTICLE I: - Name

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

ARTICLE II: - Address

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

1560 Orange Ave, #220 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/ Constance Lawson
Name: ___Constance Lawson
Title: Assistant Secretary

ARTICLE IV: - Management

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

<u>Title:</u> <u>Name and Address:</u>

MGR Alex Grzymala

1560 Orange Ave, #220 Winter Park, Florida 32789

MGR Samuel T. Hines

1560 Orange Ave, #220 Winter Park, Florida 32789 **IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on December 23, 2024.

Samuel T. 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 T. Hines
Typed or printed name of signee

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