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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (323)372-3532

Email	Address:	

# FLORIDA LIMITED LIABILITY CO. PILATES COLLABORATIVE, LLC

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS: PILATES COLLABORATIVE, LLC

#### ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

> 730 SOUTH STERLING AVENUE, SUITE 101 TAMPA, FLORIDA 33609

## ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

> KATHERINE B. BORREMANS 10416 SCENIC LAKE DRIVE WEEKI WACHEE, FLORIDA 34613

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, FLORIDA STATUTES.

DATED: 1/9/25

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### ARTICLE IV - MANAGEMENT AND MEMBERS

THE NAME AND ADDRESS OF EACH MANAGER, MANAGING MEMBER, OR MEMBER IS AS FOLLOWS:

MANAGER:

KATHERINE B. BORREMANS 10416 SCENIC LAKE DRIVE

WEEKI WACHEE, FLORIDA 34613

MEMBER:

KATHERINE B. BORREMANS 10416 SCENIC LAKE DRIVE

WEEKI WACHEE, FLORIDA 34613

DATED: 1/9/25

ATHERINE B. BORREMANS

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.