U25000030883

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



800442588638

01/24/25--01009--0132**125.00--

2025 JAM 24 AM 9: 23



CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP	: MIST	ГҮ 1/23		2025 71.3 24	, o.e.;
XX	CERTIFIED COPY PHOTOCOPY			 : ://	7.5	
	CUS				47	
XX	FILING	IIC				
1.	ALPHA PHYSICAL TRAINII (CORPORATE NAME AND DOCUMEN					
2.	(CORPORATE NAME AND DOCUMEN	T #)				
3.	(CORPORATE NAME AND DOCUMEN	TT #)				
4.	(CORPORATE NAME AND DOCUMEN	ΥΓ#)				
5.	(CORPORATE NAME AND DOCUMEN	V1' #)				
6.	(CORPORATE NAME AND DÖCÜMEN	Tr #1				
SPECIA	L INSTRUCTIONS:					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is:

ALPHA PHYSICAL TRAINING LLC

ARTICLE II: ADDRESS

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

378 Driftwood Terrace Boca Raton, Florida 33431

ARTICLE III: PURPOSE

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

Grant W. Kehres 2000 Glades Road, Suite 302 Boca Raton, Florida 33431

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

ARTICLE V - MANAGEMENT:

The Limited Liability Company is to be managed by a manager and is, therefore, a manager managed company. The name and address of the manager is:

Title: JOSEPH SESTITO, III 378 Driftwood Terrace Boca Raton, Florida 33431

ARTICLE VI - EFFECTIVE DATE:

The effective date for this Limited Liability Company shall be:

The date these Articles are filed at the office of the Florida Secretary of State.

Signature of a prospective authorized member

or an authorized representative of a prospective authorized member

(In accordance with Section 605.0203, 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.)

GRANT W. KEHRES, authorized representative of Joseph Sestito, III Typed or printed name of signee.