L25000460219 F0-10-25

(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



400459530944

* 410/25-31007 S15 *1170 00

RECEIVED

COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJE		l Fitness LLC				
aunir.		Nai	ne of Limited	Liability Company		
The end	closed Articles of	Organization and	fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concernir	ig this matter t	o the following:		
	Jennifer Kab	bas-May				
			Na	me of Person		
			Fi	rm/Company		
	8421 Olde P	ost Rd.				
		- -	· -	Address		
	Tallahassee,	FL 32311				
	jskabbas@out	days yan	City/Si	ate and Zip Code		
	·		be used for fi	ature annual report notifica	ition)	
For furth	er information co	ncerning this matt	er, please call			
	Jennifer Kabl	bas-May	623 at (670-6839		
	Nam	e of Person		ode Daytime Telepho	one Number	
Enclose	ed is a check for the	he following amou	ent:			
□\$125.00 Filing Fee □\$130.00 Filing Certificate of Sta		Status C	□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address			Street Address			
New Filing Section Division of Corporations			·	New Filing Section Division The Centre of Tallahassee		
	Р.О. В	ox 6327	-	2415 N. Monroe Str	cet, Suite 810	
	Tallah	assee, FL 32314		Talfahassee, FL 323	0.5	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Motherload Fitness LL	.C			
(Must contai	n the words "Limited I	Liability Company.	"L.L.C.," or "LLC.")	
TLE II - Address: iling address and street add	lress of the principal o	ffice of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address	<u>r</u> :
8421 Olde Post Rd			Olde Post Rd	<u></u>
		Tall	ahassee, FL 32311	
Tallahassee, FL 32311 TLE III - Registered Agenomited Liability Company of business entity with an according to the state of the state	nt, Registered Office,	& Registered Age Registered Agent.		idual or
LE III - Registered Ager	nt, Registered Office, cannot serve as its own tive Florida registratio	& Registered Age Registered Agent. m.)	nt's Signature:	idual or
T.E. III - Registered Ager imited Liability Company of business entity with an ac	nt, Registered Office, cannot serve as its own tive Florida registratio	& Registered Age Registered Agent. on.) Lugent are:	nt's Signature:	idual or
T.E. III - Registered Ager imited Liability Company of business entity with an ac	nt, Registered Office, rannot serve as its own rive Florida registration ddress of the registered	& Registered Age Registered Agent. on.) Lugent are:	nt's Signature:	idual or
T.E. III - Registered Ager imited Liability Company of business entity with an ac	nt, Registered Office, cannot serve as its own crive Florida registration ddress of the registered Jennifer Kabbas-May	& Registered Age Registered Agent. in.) Lagent are: Name	nt's Signature: You must designate an indiv	idual or
T.E. III - Registered Ager imited Liability Company of business entity with an ac	at, Registered Office, cannot serve as its own ctive Florida registration ddress of the registered Jennifer Kabbas-May	& Registered Age Registered Agent. in.) Lagent are: Name	nt's Signature: You must designate an indiv	idual or
T.E. III - Registered Ager imited Liability Company of business entity with an ac	nt, Registered Office, cannot serve as its own crive Florida registration ddress of the registered Jennifer Kabbas-May	& Registered Age Registered Agent. in.) Lagent are: Name	nt's Signature: You must designate an indiv	idual or

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..

(CONTINUED)

ARTICLE IV-

.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jennifer Kabbas-Mav
	8421 Olde Post Rd Tallahassee, FL 32311
	Tananassee. Th. 52544
AMBR	Rvan Mav
	8421 Olde Post Rd
	Tallahassee, FL 32314
	· ·
(Use attachment if necessary)	
	10/05/2005
ARTICLE V: Effective date, if other than	the date of filing: 10/05/2005 (OPTIONAL)
If an effective date is listed, the date mu: he date of filing.)	st be specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be listed
he document's effective date on the Depa	irtment of State's records.
RTICLE VI: Other provisions, if any.	
THE TAY ONE PROVISIONS A WAY.	
REQUIRED SIGNATURE;	Ω and Ω
	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that a	my false information submitted in a document to the Department of State
	d degree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	Typed or printed name of signee /

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)