## L01000020476

Annett Frederiksen Scaturro 3905 W. Wyoming Ave. Tampa, Fl 33616 (813) 837-2254

Application for Limited Liability Company Check enclosed

> 500004592526--1 -11/26/01--01032--005 \*\*\*\*\*130.00 \*\*\*\*\*130.00

> > 11/28

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liebility Comments in   |                |                                   |
|---|----------------|-----------------------------------|
| The name of the Limited Liability Company is:   |                |                                   |
| BODIESBYPILATESILLC   |                |                                   |
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Compa  3905 WEST WUOMING AVE  ANTICLE III. Position 14   | ny is          | <b>S</b> :                        |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  |                |                                   |
| The name and the Florida street address of the registered agent are:  |                |                                   |
| ANNETT FREDERIKSEN SCATURR  | 0              |                                   |
| Florida street address (P.O. Box NOT acceptable)  |                |                                   |
| TAMPA FL 33616 City, State, and Zip   |                |                                   |
| Having been named as registered agent and to accept service of process for the above stated I 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 provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature | s<br>1s of     |                                   |
| Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.  | d <b>_is</b> , | E S                               |
| The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.  (An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.   | <u> </u>       | SECRETARY OF<br>DIVISION OF CORPC |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  | 2:5            | STATE<br>RATIONS                  |
| ANNETT FREDERIKSEN SCHOOLING Typed or printed name of signee  |                |                                   |
| Piling Peers  |                |                                   |

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)