

L020000000361

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387

Phone : (813) 229-7600

Fax Number : (813) 229-1660

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LIMITED LIABILITY COMPANY

VITALITY SYSTEMS PROMOTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
VITALITY SYSTEMS PROMOTIONS, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is VITALITY SYSTEMS PROMOTIONS, LLC.

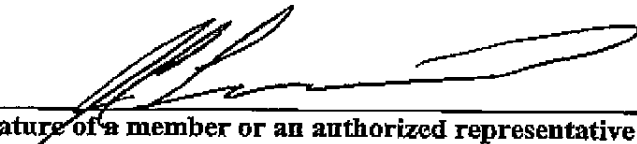
ARTICLE II – Address:

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

3665 East Bay Drive
Suite 204-199
Largo, Florida 33771

ARTICLE III – Management:

The Limited Liability Company is to be managed by a member or members.



Signature of a member or an authorized representative of a member.

(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.)

Julio C. Esquivel
Typed or printed name of signee

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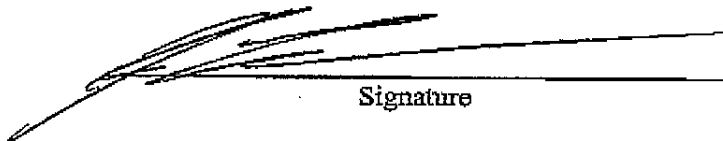
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is VITALITY SYSTEMS PROMOTIONS, LLC.
2. The name and the Florida street address of the registered agent are:

Julio C. Esquivel, Esquire
Shumaker, Loop & Kendrick, LLP
101 E. Kennedy Blvd., Suite 2800
Tampa, FL 33602

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.



Signature

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