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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pilates Plus
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori L. Ravitz
(Name of Person)

Pilates Plus LLC
(Firm/Company)

1222 Presidential Ct. Suite B
(Address)

Fort Myers Florida 33919
(City/State and Zip Code)

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For further information concerning this matter, please call:

Lori L. Ravitz at (239) 481-1064 / 239-340-9378
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pilates Plus LLC

ARTICLE II - Address:

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

Principal Office Address:

12202 Presidential Court
Suite B.
Fort Myers Florida 33919

Mailing Address:

12202 Presidential Court
Suite B.
Fort Myers Florida 33919

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Lori L. Ravitz
Name

11632 North Hermitage Rd
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33919
City, State, and Zip

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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 608, F.S..

Lori L. Ravitz
Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

"MGR"

Name and Address:

Lori L. Ravitz
1132 N. Hermitage Rd
Fort Myers Florida 33919

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lori L. Ravitz
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.)

Lori L. Ravitz
Typed or printed name of signee

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)

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