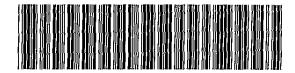
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LIVISION OF CORPORATIONS

03 SEP -2 PN 3: 16

TRANSMITTAL LETTER

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)	03 SEP	SEATO
Le 202 Presidential Ct. SuiteB (Address)	P-2 PM	RETARY OF S
Fort Myers Florida 33919 (City/State and Zip Code)	3: <u> </u> 6	STATE

For further information concerning this matter, please call:

Lori L. Povitz at (239) 481-1064 /239-340-9378 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

TO: Registration Section

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:	Mailing Address:			
suite B. Elocide 33919	Legoupresidential court Suite B. Forthwers Florida 53919			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registers	ed agent are:			
Lori L. Ray	itz ser			
Name	92			
1632 NorthHerm Florida street address (P.O. Box N	nitage Pd OT acceptable) 2 ST			
Fort myers fl. City, State, and Zip	33919			

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.

Registered Agent's \$ignature

(CONTINUED)

Page 1 of 2

* 100.

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	Name and Address:		
''MIR''		auitz mitage Rd rs Florida 33919	
-	-		
	· #		
		· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)			
NOTE: An additional article must	be added if an effective	date is requested.	

REQUIRED SIGNATURE:

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.)

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)