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### TRANSMITTAL LETTER

- Division of Corporations

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

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Registration Section

561- 352-3546

(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:

# ELLIOTT'S HEALTH AND FITNESS, LLC

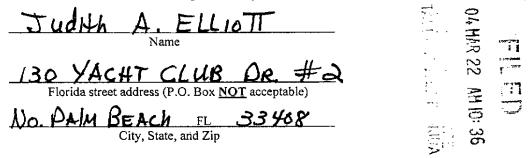
#### ARTICLE II - Address:

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

Principal Utilice Address:	Maning Address:
2000 PGA BLUD #3240	CURVES
PAIN REACH GARDENS	2000 PGA BLUE # 3240
PAIM BEACH GARDENS FLORIDA 33408	PAIM BEACH GARDEUS FL
	33400

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

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



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 Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managi The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR-OWNER	Judith A. EllioTT 130 YACHT CLUB DR # 2 No. PAIM BEACH, FL 3340
·	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	A. Ellio H. or an authorized representative of a member.
of this document constituthat the facts stated here	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)  A. E.L. io T. ed 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)