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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Selection Strength and Fitness Systems, LLC
(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:

MICHAEL LIAS

(Name of Person)

(Firm/Company)

9629 Bay Harbor Circle Unit 201

(Address)

Fort Myers, FL. 33919

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MICHAEL LIAS

(Name of Person)

at (239) 481-8931

(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:

Natural Selection Strength and Fitness Systems, LLC

ARTICLE II - Address:

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

Principal Office Address:

9629 Bay Harbor Circle Unit 201

Fort Myers, FL. 33919

Mailing Address:

9629 Bay Harbor Circle Unit 201

Fort Myers, FL. 33919

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

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

MICHAEL LIAS

Name

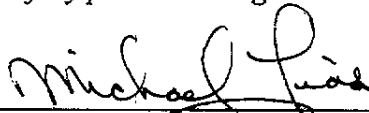
9629 Bay Harbor Circle Unit 201

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, FL 33919

City, State, and Zip


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

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24 AUG 20 AM 10:54
TALLAHASSEE, FLORIDA
NOTARY PUBLIC

(CONTINUED)


CHARLES J. TRUDELL
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD164558
EXPIRES 11/13/2006
BONDED THRU 1-888-NOTARY1

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

"MGRM" = Managing Member

MICHAEL LIAS

Fort Myers, FL. 33919

MGRM

REQUIRED SIGNATURE:

(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.)

Michael Lias

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

CHARLES J. TRUDELL
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD164558
EXPIRES 11/13/2006
BONDED THRU 1-888-NOTARY1