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LIMITED LIABILITY COMPANY

Personalized Trainer, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION ** OF Personalized Trainer, LLC

ARTICLE I NAME

The name of the limited liability company shall be: Personalized Trainer, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 15 Paradise Plaza Suite 231, Sarasota, Florida 34239.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Marie Graziosi, 15 Paradise Plaza Suite 231, Sarasota, Florida 34239. Located in the County of Sarasota.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

John Collins, 9 Liberty Hills Court, Long Valley, New Jersey 07853

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # <u>#05000 714593</u>

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Personalized Trainer, LLC

The name and address of the registered agent and office is Marie Graziosi, 15 Paradise Plaza Suite 231, Sarasota, Florida 34239. Located in the County of Sarasota.

Having been named as registered agent and to accept service of process for the above stated 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:

Marie Graziosi

Date: March 9, 2005

SECRETARY OF STATE
TALLAHASSEE, FLORIDA