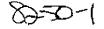


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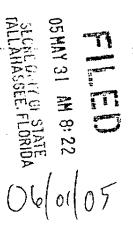
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May 27, 2005

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ARTICLES OF ORGANIZ. ... ION FOR FLORIDA LIMITED LIABILITY **OMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is

TARGET FITNESS BY ROBYN BA [LES. LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the imited Liability Company are:

Principal Office Address:

Mailing dress:

3237 Wickersham Court

3237 W : rsham Court

Orlando, Florida 32806

Orlando | prida 32806

ARTICLE III - Registered Agent, Registered Office & Registe : Agent=s Signature: The name and the Florida street address of the registered agent are

> ROBYN L. BARNES Name

3237 Wickersham Court Florida street address (P.O. Box NOT ac + able)

> Orlando, Florida 32806 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 herel. . . . cept the appointment as registered agent and agree to act in this capacity. I further agree to comply \ \ : the provisions of all statutes relating to the proper and complete performance of my duties, and ' in familiar with and accept the obligations of my position as registered agent as provided for in C. : ter 608, Florida Statutes.

(((H05000132914 3)))

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

The name and address of each Manager or Managing Member is a willows:

Title:

Nume and Address:

AMGR@ = Manager

AMGRM6 = Managing Member

MGRM

Robyn L. Barnes

3237 Wickersham Court Orlando, Florida 32806

REQUIRED SIGNATURE

Signature of a member or an authorized represer 1 /c of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this $d_{\rm t}$ is lent constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robyn L. Barnes
Typed or printed name of signer

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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