

MAY-31-2005 TUE 03:42 PM

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Division of Corporations

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To:

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Fax Number : (850) 205-0383

From:

Account Name : ZIMMERMAN, KISER, & SCHLIPPE, P.A.
Account Number : 719990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

LIMITED LIABILITY COMPANY

Target Fitness By Robyn Barnes, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 27, 2005

ZIMMERMAN, KISER

SUBJECT: TARGET FITNESS BY ROBYN BARNES, LLC
REF: WD5000026630

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is

TARGET FITNESS BY ROBYN BARNES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3237 Wickersham Court

3237 Wickersham Court

Orlando, Florida 32806

Orlando, Florida 32806

ARTICLE III - Registered Agent, Registered Office & Registered 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 acceptable)

Orlando, Florida 32806

City, State and Zip

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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, Florida Statutes.



Registered Agent's Signature

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

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

Title:

AMGR@ = Manager

AMGRM@ = Managing Member

Name and Address:

MGRM

Robyn L. Barnes
3237 Wickersham Court
Orlando, Florida 32806

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.)

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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