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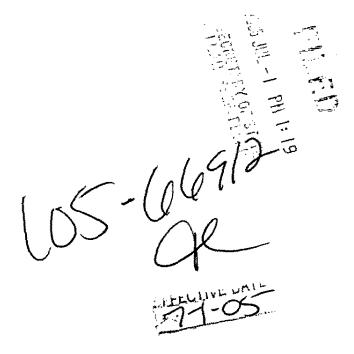
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### TRANSMITTAL LETTER

Division of Co			
SUBJECT: Smith &	Smith Ventures, LLC		
		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Catherin			
	0	Name of Person)	
	(	Firm/Company)	
7442 Saddl	e Creek Place		•
		(Address)	
Sara	sota, Fl. 34241		
<del> ,</del>	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
Catherine Smith		at ( 941 ) 377-6780	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		78 8
☐ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stafus & Certificate Copy (additional copy is enclosed)  DDRESS:
STREET ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations	

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR

## SMITH & SMITH VENTURES, LLC

(a Florida Limited Liability Company)

#### ARTICLE I - Name:

The name of the Limited Liability Company is Smith & Smith Ventures, LLC (hereinafter, the "Limited Liability Company").

#### **ARTICLE II - Address:**

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

Smith & Smith Ventures, LLC 7442 Saddle Creek Place Sarasota, FL 34241

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

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

Catherine A. Smith 7442 Saddle Creek Place Sarasota, FL 34241

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.

Signature of Catherine A. Smith as Registered Agent

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

The title, name and address of each Manager or Managing Member is as

7-1-05

follows:

<u>Title</u>

Name and Address

Managing Member ("MGRM")

Catherine A. Smith 7442 Saddle Creek Place Sarasota, FL 34241

#### ARTICLE V- Effective Date of Limited Liability Company:

The effective date of this limited liability company shall be July 1, 2005.

#### ARTICLE VI- Fictitious Name Registration:

The Limited Liability Company shall register with the Department of State the fictitious name of "Curves for Women."

#### ARTICLE VII- Restrictions of Transfer of Interests:

All interests held, owned, or administered by current or future members of this Limited Liability Company shall be restricted in their capacity to be transferred, conveyed, or sold such that the Limited Liability Company shall have the right of first refusal on all such interests, notwithstanding any provision in the Operating Agreement to the contrary.

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.)

Catherine A. Smith

Typed or printed name of signee