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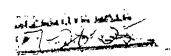


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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 31, 2005

KARA HARDIN 38537 FIFTH AVENUE ZEPHYRHILLS, FL 33542

SUBJECT: SHAPE SMART, LLC Ref. Number: W05000036727

We have received your document for SHAPE SMART, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 1, 2005. Please amend your document accordingly.

Please delete the Florida General Corporation Act from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 405A000547428

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 3, 2005

KARA HARDIN 38537 FIFTH AVENUE ZEPHYRHILLS, FL 33542

SUBJECT: SHAPE SMART, LLC Ref. Number: W05000036727

We have received your document for SHAPE SMART, LLC and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$46.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional)

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 1, 2005. Please amend your document accordingly.

Please delete the Florida General Corporation Act from your document.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 005A00050080

## KARAHARDIN, P. A.

### ATTORNEY AT LAW

38537 FIFTH AVENUE PHONE: (813) 788-9994 ZEPHYRHILLS, FLORIDA 33542 FAX: (813) 783-7405

Kara E. Hardin Esquire

July 27, 2005

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: SHAPE SMART, LLC

Hardin am

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$78.75 for filing fee and certificate of status.

Thank you.

Sincerely,

Enclosures

KEH/alm

SECRETARY OF STATE TALLAHASSEE, FILESIE,

#### ARTICLES OF ORGANIZATION

OF

#### SHAPE SMART, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, and qualified to act as an organization under the Florida General Corporation Act, hereby forms a limited liability company for profit under the laws of the State of Florida.

#### ARTICLE I - NAME

The name of the Limited Liability Company is:

SHAPE SMART, LLC

#### ARTICLE II -ADDRESS

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

> Mailing Address 31209 Shaker Circle Wesley Chapel, FL 33543

> Street Address 31209 Shaker Circle Wesley Chapel, FL 33543

#### ARTICLE III - REGISTERED AGENT

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

> Michael Dastolfo 31209 Shaker Circle Wesley Chapel, FL 33543

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

31209 Shaker Circle, Wesley Chapel, FL 33543, hereby consents to and accepts said designation and acknowledges that the undersigned is familiar with and accepts the obligation provided for in Chapter 608 of the Florida Statues.

MICHAEL DASTOLFO

STATE OF FLORIDA COUNTY OF PASCO

Before me, the undersigned authority, this day personally appeared Michael Dastolfo, to me well known to be the person described in and who executed the foregoing Acceptance of Registered Agent, and did freely and voluntarily acknowledge before me according to law, that Michael Dastolfo, made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand a official seal, at Zephyrhills, Florida, on this 26

, 2005.

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:

Christina L. Barnes

Christine L Barnes

Christine L Barnes

My Commission D0193754

Expires May 20, 2007

NOTARY NAME PRINTED

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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

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

#### ARTICLE V - TERM OF EXISTENCE

This corporation shall have perpetual existence.

#### ARTICLE VI - EFFECTIVE DATE

These Articles of Organization shall be effective July 28, 2005.

IN WITNESS WHEREOF, we have hereunto set out hands and seals, acknowledged and filed the foregoing Articles of Corganization under the laws of the State of Florida on the date below written.

Date: 30426, 2005

MICHAEL DASTÓLFO

STATE OF FLORIDA

personally known to me or who provided Known to me as identification and to me well known to be the individual described in and who executed the foregoing Articles of Organization, and acknowledged before me that he executed the same for the purpose therein expressed.

Witness my hand and official seal in the county and state named above on the date shown below.

Date: 344 26 2005.

NOTARY PUBLIC

STATE OF FLORIDA AT

LARGE

Christina L Barnes
Christina L Barnes
Ney Commission DD193764
Expires May 20, 2007

MY COMMISSION EXPIRES:

NOTARY NAME

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CRETARY OF STATE
LAHASSEE, FLORIDA

#### ACCEPTANCE OF REGISTERED AGENT

The undersigned having been designated as Registered Agent of **SHAPE SMART, LLC**, with the registered office at