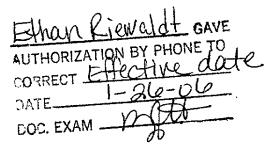
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
(Boodine Hamber)					
Contilling to Continue of Chatron					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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EFFECTIVE DATE					
1-13-00					

Office Use Only

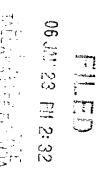




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M. HODGES

COVER LETTER

	istration Seasion of Cor				
SUBJECT:	E - Roc	k Fitness, LLC			
		(Name of Limited	d Liability Compa	ny)	
The enclosed	Articles of	Organization and fee(s) are su	ubmitted for filing		
Please return	ali correspo	ondence concerning this matte	r to the following:		
Etha	an J. Ri	ewaldt			_
		(1	Name of Person)		
E-1	Rock Fi	tness, LLC			
		(Firm/Company)		`
212	Missis	sippi Woods Lane			
- "-			(Address)	 ,	
Orla	ando, F	1 32824			
		(City	State and Zip Code)	
For further in	eformation (concerning this matter, please	call:		
Ethan J. i	Riewald	t	at (407	496-043	5
	(Name	of Person)	at (407 (Area Code	& Daytime To	elephone Number)
Enclosed is	a check fo	r the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	· ·	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding ecutive Center ee. FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	he Limited Liability Co	ompany is:				
E - Rock Fitne	ess, LLC					
(Must end with the	words "Limited Liability Con	npany, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")			
ARTICLE II The mailing ac		ss of the principal office of the Limited Lia	bility Company is:			
Principal Off	ice Address:	Mailing Address:				
212 Mississippi Woods Lane		Same	Same			
Orlando, FI 32824	4					
business entity wi	th an active Florida registration	ess of the registered agent are:	12777 1877 1878			
		Name	MI 23 PM 2: 32			
212 Mississippi Woods		Woods Lane				
	Flor	ida street address (P.O. Box NOT acceptable)				
	Orlando	FL 32824				
		City, State, and Zip				
liability co registered age statutes rela	ompany at the place desi ent and agree to act in t sting to the proper and c	ent and to accept service of process for the a ignated in this certificate, I hereby accept the his capacity. I further agree to comply with a complete performance of my duties, and I am tion as registered agent as provided for in Ch	e appointment as the provisions of all familiar with and			

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ethan J. Riewaldt 212 Mississippi Woods Lane Orlando, Fl 32824
(Use attachment if necessary)	
FICLE V: Effective date, if other than to the effective date is listed, the date must r 90 days after the date of filing.)	he date of filing: 01/43/06 . (OPTIONAL) be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Man (aber 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.)

Ethan J. Riewaldt

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)