L0600021594

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to	Filing Officer:	Gol Contraction of the contracti		
FLLIC				





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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Body Tech Fitness Association				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and	fee(s) are submitted f	or filing.		
Please return all correspondence concerning	ng this matter to the fo	llowing:		
Kathleen Jurik				
	(Name of Po	erson)		
Body Tech Fitness	Association			
	(Firm/Com	pany)		
11848 Mintwood Court				
(Address)				
Orlando, Fl 32837				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Kathleen Jurik	at (40	7 340-83	324	
(Name of Person)	ar (Area Code & Daytime T	Telephone Number)	
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$130.00 File Certificate of \$1.00 File Certificate	Status Certific	55.00 Filing Fee & ed Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Sec Division of Co P.O. Box 6327 Tallahassee, FI	rection Reportations C	treet/Courier Addre degistration Section Division of Corporation Clifton Building 661 Executive Cente Callahassee, FL 32301	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Body Tech Fitness Association, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
11848 Mintwood Court	11848 MIntwood Court			
Orlando, Fl 32837	Orlando, Fl 32837			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:			
Sharon Walsted				
Name				
5401 PineCreek Drive				
Florida street addr	ress (P.O. Box NOT acceptable)			
Orlando, Fl	FL 32811			
City, State, ar	nd Zip			
	ccept 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 SFEB 24 PM 12: 57 RECRETATION STATE

APPHOVED

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Kathleen Jurik 11848 Mintwood Court Orlando, Fi 32837 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 arc true.)

Kathleen Jurik

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)

CHETARY OF STATE

06 FEB 24 PM 12: 57