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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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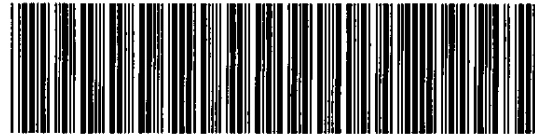
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100075749561

06/05/06--01027--011 \*\*130.00

**EFFECTIVE DATE**  
06-01-06

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN -5 AM 11:19

B. McKnight JUN 09 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Personalize Your Fitness, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheridan Rafer, CPTS.  
(Name of Person)  
Personalize Your Fitness  
(Firm/Company)  
5255 Monterey Circle #73  
(Address)  
Delray Beach, FL. 33484  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheridan Rafer, CPTS. at 561, 289-8017  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Personalize Your Fitness, LLC.

**EFFECTIVE DATE**

06-01-06

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

5255 Monterey Circle #73  
Delray Beach, FL 33484

#### Mailing Address:

5255 Monterey Circle #73  
Delray Beach, FL 33484

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JEFFREY P. WASSERMAN, ESQ  
Name

7777 GLADES RD SUITE 400  
Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33434  
City, State, and Zip

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGR

**Name and Address:**

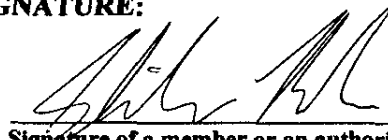
Sheridan Rater, CPTS.  
5255 Monterey Circle #73  
Delray Beach, FL. 33484

Jeff Segal, CPTS.  
20138 Back Nine Drive  
Boca Raton, FL. 33498

(Use attachment if necessary)

\***ARTICLE V:** Effective date, if other than the date of filing: June 1, 2006 (OPTIONAL)  
(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 are true.)

Sheridan Rater

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)