

W06000075443

Florida Department of State
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From: GAIL S. ANDRE'
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
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PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION AND CERTIFICATE OF STATUS TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

M.D. FITNESS, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
M.D. FITNESS, LLC**

ARTICLE I - NAME

The name of this limited liability company is M.D. FITNESS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

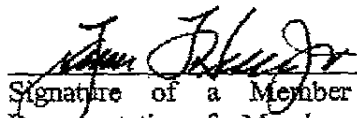
The mailing address and street address of the principal office of the Company is 1889 Muirfield Way, Oldsmar, Florida 34677.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is James F. Heckin, Jr.

ARTICLE IV - MANAGEMENT

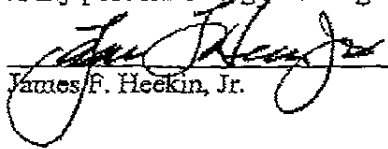
The Company is to be managed by one or more members and is, therefore, a member-managed company.


Signature of a Member or an Authorized Representative of a Member

James F. Heckin, Jr.
Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.


James F. Heckin, Jr.