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## To:

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## From:

Account Name : RICHARD P. PETERMANN  
Account Number : I19990000049  
Phone : (850) 243-8194  
Fax Number : (850) 243-9692

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## TOTAL FITNESS GYMS, L.L.C.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**  
**OF**  
**TOTAL FITNESS GYMS, L.L.C.**

**ARTICLE I**  
**Name**

The name of the Limited Liability Company shall be **TOTAL FITNESS GYMS, L.L.C.** ("Company").

**ARTICLE II**  
**Address**

The principal place of business of the Company in Florida shall be: 234 N. Eglin Parkway, Fort Walton Beach, Florida 32547 and mailing address of the Company shall be: 1930 Kadima Circle, Fort Walton Beach, Florida 32547.

**ARTICLE III**  
**Registered Office and Agent**

The name and street address of the registered agent of the Company in the State of Florida is:

Philip Pollard  
1930 Kadima Circle  
Fort Walton Beach, Florida 32547

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, I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608.

  
Registered Agent's Signature

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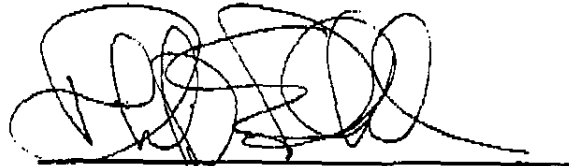
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**ARTICLE IV  
Management**

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company. The Company shall be managed by **Philip Pollard, 1930 Kadima Circle, Fort Walton Beach, Florida 32547** in accordance with the regulations of the Company. The regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.


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.

  
PHILIP POLLARD

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Sworn to and subscribed before me this 8<sup>th</sup> day of November, 2006, by Philip Pollard who is ☒ personally known to me or who produced \_\_\_\_\_ as identification.



  
Notary Public

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