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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : C.T. CORPORATION SYSTEM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM :

FPX NO. : 3258615221

May. 21 2007 02:18PM P2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOBE FITNESS L.L.C.

(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:

Mailing Address:

7601 EAST TREASURE DR
PH-207
NORTH BAY VILLAGE, FL 33411

Same

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:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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.

CT Corporation System

Peter F. Souza

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
ALLAHABAD, INDIA

FROM :

FRM NO. : 3958619221

May 21 2007 02:11PM P1

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

DEENA DAUGHTRY

7601 EAST TREASURE DR PH-207

NORTH BAY VILLAGE, FL 33411

MGRM

ANTHONY DAUGHTRY

7601 EAST TREASURE DR PH-207

NORTH BAY VILLAGE, FL 33411

MGRM

JAMES CALLIER

7601 EAST TREASURE DR PH-207

NORTH BAY VILLAGE, FL 33411

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

5/21/07

(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.)

ANTHONY DAUGHTRY

Typed or printed name of signer

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)

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