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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KOCH & COMPANY, CPAS, P.A.  
Account Number : I19990000002  
Phone : (941) 637-0544  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**OMEGA FITNESS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
OMEGA FITNESS, LLC**

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is OMEGA FITNESS, LLC, (hereinafter, "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The street address of the principal office of this Limited Liability Company shall be:  
Dolores C. Whidden, 2596 NW Murphy Street, Arcadia, FL 34266


**ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is:

Dolores C. Whidden, 2596 NW Murphy Street, Arcadia, FL 34266

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

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.

By:   
Dolores C. Whidden, Registered Agent

By:   
Dolores C. Whidden, Organizing Member

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