

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400

Phone

; (516)935-3940

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ORIDA/FOREIGN LIMITED LIABILITY CO.

Fitness for Life Source, L.L.C.

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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G. MICLECIO

EXAMINER

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Fitness For Life Source, L.L.C.

ARTICLE II - Address

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

| Principal Office Address: | <u> </u> | Mailing Address: | | |
|--|------------------|--------------------------------|---------------|--|
| 512 Zachary Drive 512 Zachary Drive | | 512 Zachary Drive | : | - |
| Apopka, FL 32712 | | Apopka, FL 32712 | | <u>-</u> |
| | | | | |
| | | | | _ |
| ARTICLE III - Registered The name and Florida street addre | | & Registered Agent's Signature | 08 FEB | SECRE DIVISION |
| | Frankie Long | | 19 | F 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| | | Name | == | |
| | 512 Zachary Driv | e . | AH IO: | E SE |
| | (P.O. Box or Ma | il Drop Box NOT Acceptable) | 38 | NON |
| | Apopka, FL 3271 | <u> </u> | | 20 |
| | (Cit | / State / 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 - Frankie Long

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| ARTICLE IV - Manager(s) or The name and address of each Man | r Managing Member(s): ager or Managing Member is as follows: |
|--|--|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| MGRM | Frankie Long - 512 Zachary Drive, Aponka, FL 32712 |
| | |
| | |
| (Use attachment if necessary) | |
| REQUIRED SIGNATURE: | of a member or authorized representative of a member. |
| (In accorda | nce with section 608.408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penalties of perjury that the facts |
| | Frankie Long |
| • | Typed or printed name of signee |