

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L08000053845
FILED 8:00 AM
May 30, 2008
Sec. Of State
gharvey**

Article I

The name of the Limited Liability Company is:
PHYSICIAN'S PERSONAL TRAINER, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
904 SILVERLEAF PLACE
PORT ORANGE, FL. 32127

The mailing address of the Limited Liability Company is:
904 SILVERLEAF PLACE
PORT ORANGE, FL. 32127

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: HEATHER CHAPMAN

Article V

The name and address of managing members/managers are:

Title: MGRM
WILLIAM TEGNELIA JR
904 SILVERLEAF PLACE
PORT ORANGE, FL. 32127

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Signature of member or an authorized representative of a member

Signature: WILLIAM TEGNELIA, JR.