LP1000010939

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: SELLERS			
FEB - 3 2009			
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EXAMINER			

Office Use Only



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COVER LETTER

TO: Registration Division of C			
SUBJECT:	Xponential	Group, LLC	
SOBJECT.	(Name of Limited	Liability Company)	
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	 	n J. Bleidt	
	(N	ame of Person)	
		ney at Law	
	· ·	irm/Company)	
	105 S.	Sherrin Avenue	
		(Address)	
	,	, Kentucky 40207 State and Zip Code)	
	(City/s	nate and Zip Code)	
For further information	n concerning this matter, please c	all:	
John J. Bleidt		(Area Code & Daytime Telephone Number)	
(Nan	ne of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of Certified Copy (additional copy	Status & y
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2009

JOHN J. BLEIDT 105 S. SHERRIN AVENUE LOUISVILLE, KY 40207

SUBJECT: XPONENTIAL GROUP, LLC

Ref. Number: W09000002545

We have received your document for XPONENTIAL GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 15, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 609A00001842

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	npany is:
	ntial Group, LLC
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3704 Ridgecrest Court	105 S. Sherrin Ave.
Prospect, Kentucky 40059	Louisville, Kentucky 40207
695 Florid Naples	John J. Bleidt Name 3 Lone Oak Blvd. a strect address (P.O. Box NOT acceptable) FL 34109
Having been named as registered ager liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and con	ity, State, and Zip Int and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2 JAN 30 AM 8: 01

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Russ Maney
-	3704 Ridgecrest Court
	Prospect, Kentucky 40059
MGRM	Drew Allgeier
	3704 Ridgecrest Court
	Prospect, Kentucky 40059
<u></u>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______ January 23, 2009 _____. (OPTIONAL) (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 SIGNATURES

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 etailed herein are true.)

John J. Bleidt, Attorney for Company

Typed or printed name of signee

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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