Electronic Articles of Organization
For
Florida Limited Liability Company

L09000015064
FILED 8:00 AM
February 13, 2009
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

XTREME RECOVERY, LLC

Article II

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

3259 CLOVERPLACE DRIVE
PALM HARBOR, FL. US 34684

The mailing address of the Limited Liability Company is:

3259 CLOVERPLACE DRIVE
PALM HARBOR, FL. US 34684

Article III

The purpose for which this Limited Liability Company is organized is:

PERSONAL TRAINING FOR THOSE WITH PARALYSIS

Article IV

The name and Florida street address of the registered agent is:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL. 32804

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: LAURA REGIER

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Article V

The name and address of managing members/managers are:

Title: MGRM
STEPHANIE COPELAND
3259 CLOVERPLACE DRIVE
PALM HARBOR, FL. 34684 US

Article VI

The effective date for this Limited Liability Company shall be:

02/14/2009

Signature of member or an authorized representative of a member

Signature: STEPHANIE COPELAND