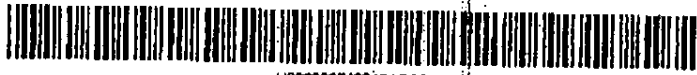


L09000119373

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000254094 3)))



H090002540943ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 16 AM 8:54

To: Division of Corporations
Fax Number : (850) 617-6388

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.

~~FITNESS IN-FORM, LLC~~ ELITE FITNESS ~~FORM, LLC.~~

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ELITE FITNESS
WEINNESS, LLC

RECEIVED
09 DEC 16 AM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELITE FITNESS & WELLNESS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1130 FRAZIER PINE BLVD.
SARASOTA, FL 34240

Mailing Address:

1130 FRAZIER PINE BLVD.
SARASOTA, FL 34240

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

G.FELICIA ASANAKIS

Name

1130 FRAZIER PINE BLVD.

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA, FL 34240

City, State, and 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.

X *G. Felicia Asanakis*
Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 16 AM 8:54

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

FELICIA SANDERS

1130 FRAZIER PINE BLVD

SARASOTA, FL 34240

MGR

JAMES MISSIG

24 HARBOR AVENUE

IBLIP, NY 11751

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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 stated herein are true.)

G. Felicia Asanakis

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)