

Apr 08 00:08:18a

Ala Incorporation

13056752811

p.1

**L1000038000**

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.

(((H10000079484 3)))



H100000794843ABCO

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

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I2007C000160  
Phone : (850) 494-3124  
Fax Number : (561) 455-9885

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 APR -8 AM 8:09

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Advanced Fitness and Rehabilitation LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

10 APR -8 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

N. Collins APR - 9 2010

FILED

10 APR -8 AM 8:09

4/100000794843  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

ADVANCED FITNESS AND REHABILITATION LLC

**ARTICLE II ADDRESS**

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

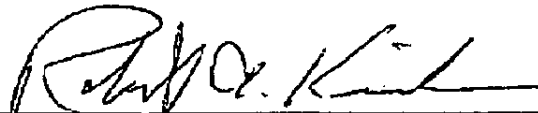
5295 BOX TURTLE CIRCLE  
SARASOTA, FLORIDA 34232

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

ROBERT KIRSCHER  
5295 BOX TURTLE CIRCLE  
SARASOTA, FLORIDA 34232

Having been named as registered agent 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 

ROBERT KIRSCHER / Registered Agent's signature

4/100000794843

#10000079484.3

PAGE 2      ADVANCED FITNESS AND REHABILITATION LLC

**ARTICLE IV      MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

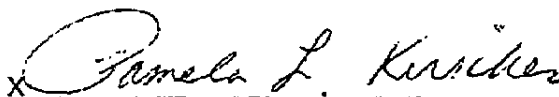
**ARTICLE V      MEMBERS (optional)**

MANAGING MEMBER

PAMELA L KIRSCHER

5295 BOX TURTLE CIRCLE

SARASOTA, FLORIDA 34232



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.

PAMELA L KIRSCHER

FILED  
10 APR -8 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#10000079484.3