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FLORIDA LIMITED LIABILITY CO.

Tru Pilates and Yoga Studio, LLC

Certificate of Status	0		
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APR 19 2010

EXAMINER

FAX AUDIT # 11/1000 875683

ARTICLES OF ORGANIZATION OF Tru Pilates and Yoga Studio, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Tru Pilates and Yoga Studio, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 990 N. St. Rd. 434, Ste. 1196, Altamonte Springs, Florida 32714.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Christina Stathis, 990 N. St. Rd. 434 Statis, Altamonte Springs, Florida 32714. Located in the County of Seminole.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Christina Stathis, 990 N. St. Rd. 434, Ste. 1196, Altamonte Springs, Florida 32714.

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

Date: April 1, 2010

608-827-5300

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FAX AUDIT # # /0000 875683

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FAX AUDIT # 4/0000 875683

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Tru Pilates and Yoga Studio, LLC

The name and address of the registered agent and office is Christina Stathis, 990 N. St. Rd. 434, Ste. 1196, Altamonte Springs, Florida 32714. Located in the County of Seminole.

Having been named as registered agent and to accept service of process for the above stated 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 addiaccept the obligations of my position as registered agent.

Signature:

FAX AUDIT #

Christina Stathis

Date: 4-12-85 8 3

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