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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JOSEPH M. BALOCCO, P.A.

Account Number : I20000000147 Phone : (954)764-0005 Fax Number : (954)764-1478

**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 LIMITED LIABILITY CO.

Mohawk Fitness, LLC

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C. LEWIS

AUG - 4 2010

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ARTICLES OF ORGANIZATION OF MOHAWK FITNESS, LLC

2010 AUG - 3 AM & 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of the Limited Liability Company is: Mohawk Fitness, LLC.

ARTICLE II - ADDRESS:

The mailing address and the street address of the principal office of the Limited Liability Company is 12277 SW 55th Street, Suite 912, Cooper City, Florida 33330.

ARTICLE 111 - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV- MANAGEMENT:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing member is/are:

<u>Name</u>

Address

Corey Summers

12277 SW 55th Street, Suite 912, Cooper City, Florida 33330

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

IN WITNESS, WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 3rd day of August, 2010.

Signature of a member or an authorized

representative of a member

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(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Corey Summers
Typed of printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Mohawk Fitness, LLC
- 2. The name and the Florida street address of the registered agent are:

Corey Summers 12277 SW 55th Street, Suite 912 Cooper City, Florida 33330

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.

Signature Registered Agent

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