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Special Instructions to Filing Officer:

L. SELLERS

JAN 19 2012

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO:	_	on Section of Corporations				
		PEAU	PERSON	JA-1.	TRAINING	LLC
SUBJE	ECT:	Jerik	Name of Limi	ted Liabili	ty Company	
The end	closed Artic	les of Organizatior	and fee(s) are	submitted	l for filing.	
Please	return all co	rrespondence conc	erning this ma	tter to the	following:	
				4.4	/ /	
		16	LOMAS	Moment	LARSON Person	
				Name of	Person	
				Firm/Co	mpany	
		3470	Duct	C		
		717	RISTLE	Addr	ess	
		TALL	AHASSEL	F F	L 32312 d Zip Code ity · com	<u></u>
		1	C	ity/State and	d Zip Code	
-	·				annual report notification	
Б. С.	46				••••••••••••••••••••••••••••••••••••••	,
ror tur	tner informa	tion concerning th	is matter, pieas	se can:		
\neg_{h}	6MAS	LARSON		at (8	50 , 508	3 - 783 / Telephone Number
<u></u>	N	ame of Person		** \	Area Code & Daytime	Telephone Number
Enclos	sed is a che	ck for the follow	ing amount:			
\$125.00	Filing Fee	\$130.00 F Certificat		Cert	5.00 Filing Fee & tified Copy tional copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Of P.O. Box 6	n Section f Corporations		Street/Courier Add Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
PEAK PERSONAL TRAINING, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
3470 RUST LEWOOD LN TALLAHASSEE, FL 32312 (SAME)
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Thomas M LARS o N Name Name
3470 RUSTLEWOOD IN
Florida street address (P.O. Box NOT acceptable)
TALLA1445 JEE FL 32312— 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 al 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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

**THOMAS M IARSON 3470 RUSTLEWOOD AN TAUAHASSEE EL 3 2 3 / 2 **COPTIONAL Sective date, if other than the date of filing:	Title:	Name and Address:
THOMAS M LARSON 3470 POSTURE DODG IN TALLAHASSEE FL 3 23/2 (OPTIONAL Rective date, if other than the date of filing:	"MGR" = Manager "MGRM" = Managing Member	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MER	IHOMAS MIARSON
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		3470 RUSTLEWOOD IN
CEV: Effective date, if other than the date of filing:		TACCAHASSEE FL 32312
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CEV: Effective date, if other than the date of filing:		
(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) THOMAS M LAW ON PT Typed or printed name of signee	LE V: Effective date, if other than the fective date is listed, the date must I	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
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mo)	LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	be specific and cannot be more than five business days per or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State
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)	LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felority.)	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the Department of State mation submitted in a document to the Department of State mation submitted in s.817.155, F.S.)
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