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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
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**FLORIDA LIMITED LIABILITY CO.  
TRINITY FITNESS RETREAT LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

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

In compliance with Chapter 608, F.S.

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

TRINITY FITNESS RETREAT LLC

**ARTICLE II ADDRESS**

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

11937 YELLOWFIN TRAIL  
ORLANDO, FLORIDA 32827**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY, STE E4  
WEST PALM BEACH, FLORIDA 33411

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 Paul Smith Paul Smith V.P.  
SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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PAGE 2 TRINITY FITNESS RETREAT 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**

MANAGING MEMBER  
DARLENE ZIOLKOWSKI  
11937 YELLOWFIN TRAIL  
ORLANDO, FLORIDA 32827

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12 JUL 18 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

.....  
X Darlene Ziolkowski

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.

DARLENE ZIOLKOWSKI

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