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(Address)		
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50) 245-6051.		,	
	COVE	R EETTER ,	<u>.</u> %
TO: Registration Division of C	Section Corporations		2.
SUBJECT: Box	dyworks By C	alhoun LLC led Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	ALL PR
	Calhoun Sto	Illings	
		_	The state of
	Bodyworks B	sy Calhoun, LL	C By o
	•	· rimi/Company	
	641 Conne	11 Drive	
		Address	
	<u>Pensacola, I</u>	FL 32503	
	Ci	ty/State and Zip Code	
	E-mail address: (to be used	Yahoo · Com for future annual report notification)	
For further information	n concerning this matter, please	e call:	
Calhoun	Stallings	at (850) 292-	5938
Nam	e of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount:		
র্থ\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Pagintention Section	Street/Courier Address Pagistration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	pility Company is:
Bodyworks	s By Calhoun, LLC
	e words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal office of the Limited Liability Company is:

11 Drive FL 32503
_

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:	<u> 400</u>
Calhoun Stallings	SEE 3
Name	AH A
G41 Connell Drive Florida street address (P.O. Box NOT acceptable)	SEE TO
Pensacola FL 32503	15 S. O
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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Calhoun Stallings 1041 Connell Drive Pensacola, FL 32503
·	
(Use attachment if necessary)	
	te of filing: (OPTIONAL) specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as	s(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.) Stallings or printed name of signee
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)