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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL -2 PM 9:30

**FLORIDA LIMITED LIABILITY CO.
ASANA HEALTH & FITNESS, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASANA HEALTH & FITNESS, L.L.C.

ARTICLE II - Address:

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

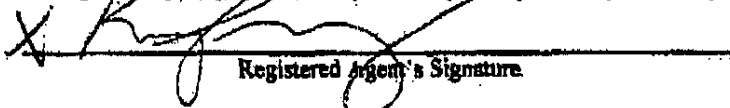
**207 N. KROME AVE.
HOMESTEAD, FL 33030**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**REYNALDO PEREZ
207 N. KROME AVE.
HOMESTEAD, FL 33030**

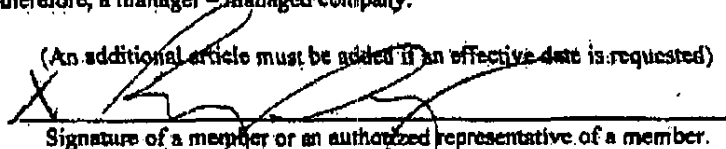
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 605 F.S.


Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

- The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

REYNALDO PEREZ
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL -2 AM 9:30

FILED

ARTICLE V - Member(s) & Managing Member(s)

The name(s) and address(s) of the initial member(s) of the Company is/are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
REYNALDO PEREZ	207 N. KROME AVE. HOMESTEAD, FL 33030	MGR MBR

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987 N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this _____ day of _____, 20_____.


REYNALDO PEREZ, MANAGER MEMBER

2014 JUL -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA