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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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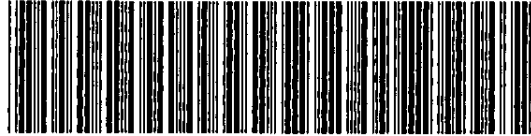
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**MASCARO**  
LAW

**THE MASCARO LAW FIRM, PC**

17291 IRVINE BOULEVARD, SUITE 350  
TUSTIN, CA 92780  
TEL: 714-544-0700  
FAX: 888-491-2961  
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February 17, 2015

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: *Emily Skye Fitness USA, LLC*

To Whom It May Concern,

The enclosed Articles of Organization and fee(s) are submitted for filing. Also enclosed is a check in the amount of \$125.00.

Please return all correspondence concerning this matter to the following:

Jame P. Mascaro  
The Mascaro Law Firm, PC  
17291 Irvine Boulevard, Suite 350  
Tustin, California 92780

For further information concerning this matter, please call me at (714) 544-0700.

Very truly yours,

THE MASCARO LAW FIRM, PC

  
JAME P. MASCARO

Enclosure

**ARTICLES OF ORGANIZATION OF EMILY SKYE FITNESS USA, LLC**

We, the undersigned persons, do hereby adopt the following Articles of Organization for the purpose of forming a Florida Limited Liability Company.

**Article I - NAME**

The name of the limited liability company is to be Emily Skye Fitness USA, LLC.

**Article II - ADDRESS**

The mailing address and the street address of the principal office of the limited liability company shall be as follows:

401 E. Las Olas Blvd., Suite 130-563  
Fort Lauderdale, Florida 33301

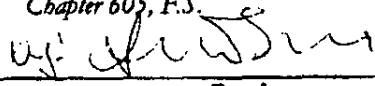
**Article III - REGISTERED AGENT**

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

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

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*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.*

*CT Corporation System*  


Sierra Burris, **Sierra Burris**  
**Vice President & Assistant Secretary**

**Article IV: MEMBERS**

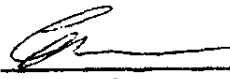
The names and street addresses of each person authorized to manage and control the limited liability company are as follows:

Declan Redmond  
401 E. Las Olas Blvd., Suite 130-563  
Fort Lauderdale, Florida 33301

Emily Anderson  
401 E. Las Olas Blvd., Suite 130-563  
Fort Lauderdale, Florida 33301

*In accordance with section 605.0203(1)(b), 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.*

  
Declan Redmond

  
Emily Anderson