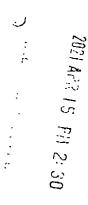
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	(Requestor's Name)
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<u></u>	(Business Entity Name)
<u></u>	(Document Number)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RealTalk Fitness of Land O' Lakes, LLC Art of Inc. File	
Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name	
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Fictitious Name File	
Trade/Service Mark	
Merger File	
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Certificate of Good Standing Certificate of Status Certificate of Fictitious Name	
Certificate of Status Certificate of Fictitious Name	
Certificate of Fictitious Name	
Corp Record Search	
Officer Search	
Fictitious Search	
Fictitious Owner Search	
Signature Vehicle Search	
Driving Record	
Requested by: SETH UCC 1 or 3 File	
UCC 11 Search	
Name Date Time UCC 11 Retrieval	
Walk-In Will Pick Up Courier_	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	alk Fitness of Land		
(Must co	ontain the words "Limited I	Liability Company, '	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	et address of the principal o	ffice of the Limited	Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
193 Gulfstream C	ircle	193	Gulfstream Circle
Royal Palm Beacl			al Palm Beach, FL 33411
another business entity with a	an active Florida registratio	n.) agent are: A.	You must designate an individual or
another business entity with a	an active Florida registration eet address of the registered Bryn & Associates, F	n.) l agent are: P.A. Name	You must designate an individual or
another business entity with a	an active Florida registratio	n.) Lagent are: P.A. Name vd., Suite 2600	
another business entity with a	an active Florida registration active Florida registered Bryn & Associates, F 2 South Biscayne Bly	n.) I agent are: P.A. Name vd., Suite 2600 s (P.O. Box NOT ac	
another business entity with a	eet address of the registered Bryn & Associates, F 2 South Biscayne Bly Florida street address	n.) l agent are: P.A. Name vd., Suite 2600 s (P.O. Box NOT ac	cceptable)
another business entity with a The name and the Florida stream and t	an active Florida registration and active Florida registered Bryn & Associates, F 2 South Biscayne Bly Florida street address Miami City ed agent and to accept servicate, I hereby accept the appear of all statutes re	n.) I agent are: P.A. Name vd., Suite 2600 s (P.O. Box NOT ac FL State ice of process for the ointment as registered ating to the proper	cceptable)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	r -
MGR	Ivy Kogan 193 Gulfsteam Circle Royal Palm Beach, FL 33411
MGR	Mike Kogan 193 Gulfstream Circle Royal Palm Beach, FL 33411
(Use attachment if necessary)	
(II an effective date is listed, the date mu the date of filing.)	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days prior to or 90 days after best not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Miko Kasan
I am aware that	Mikes Kogan of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
Mike Ko	
	Typed 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)