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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 Phone : (407)835-6769 Fax Number : (407)843-4076

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	corpmail(a)shutts.com	

FLORIDA LIMITED LIABILITY CO.

USPA Polo Center Beverage Operations LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

HAY 26 PH 8: CABLE AND/OR VIDI FRANCHISING /ISION OF CORPORAL ALLAHASSEE, FLOR

USPA POLO CENTER BEVERAGE OPERATIONS LLC

ARTICLE II - Address

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

12012 South Shore Boulevard, #102 Wellington, Florida 33414

ARTICLE III - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be Susan Present, with an address of 12012 South Shore Boulevard, #102, Wellington, Florida 33414.

ARTICLE IV - Registered Agent and Office and Registered Agent's Signature

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

Craig T. Galle 13501 South Shore Boulevard Suite 103 Wellington, Florida 33414

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, Florida Statutes.

(Registered Agent's Signature)

Craig T. Galle

Signature of a member or an authorized representative of a member

Chris Green, as Authorized Representative

(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 take information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes)