(19000000395) CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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W. P. Verifyer	Officer Search Fictitious Search
Requested by: 10599 9:20 Name Date Time Walk-In Will Pick Up	Fictitious Owner Search

ARTICLES OF ORGANIZATION

OF

POWER PLAY FITNESS, LTD. CO.

ARTICLE I NAME:

The name of the Limited Liability Company is Power Play Fitness LTD. CO.

ARTICLE II ADDRESS:

The mailing address and street address of the principal office is 3209 NE 36th Street, Unit #5, Ft. Lauderdale, FL 33308.

ARTICLE III INITIAL REGISTERED OFFICE AND AGENT

The mailing address and street address of the initial registered agent of this Limited Liability Company is 3600 North Federal Highway, Third Floor, Fort Lauderdale, Florida 33308, and the name of the initial registered agent of this Limited Liability Company is Mark A. Emanuele.

ARTICLE IV MANAGEMENT

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

The undersigned manger and member have executed these Articles of Organization this 1st day of October 1999.

Manager and Member

John R. Bromfield

SECRETARY OF STATE OF STATE OF STATE STATE OF ST

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISION OF FLORIDA STATUTE §608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is Power Play Fitness LTD. CO.
- 2. The name of the initial registered agent of this Limited Liability Company is Mark A. Emanuele whose address is 3600 North Federal Highway, Third Floor, Fort Lauderdale, Florida 33308.

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.

Dated this 1st day of October 1999.

Registered Agent

Mark A. Emanuel

STATE OF FLORIDA)	
)	SS.
COUNTY OF BROWARD)	

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared John R. Bromfield to me known, or has produced Florida DL as identification to be the persons described as the subscribers in, and who executed the foregoing Articles of Organization, acknowledged before me that they subscribed to those Articles of Organization.

WITNESS my hand and seal this 4th day of oruge , 1999

MARK A. EM

Print Name

My commission experies My Commission CC781422
Expires October 7, 2002