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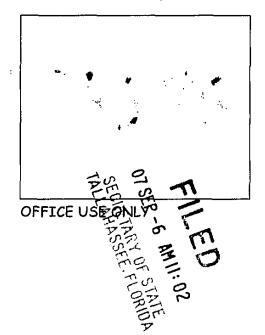
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. LIFE TIME FITNESS FINANCIAL LLC

CK# 2765

AMOUNT \$125.00

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Life Time Fitness Financial, LLC	
٠٠.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	•
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Impany," "L.L.C.," "LLC.")	
2	Delaware 3, 20-5268851	
7	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	•
4.	07/25/2006 5 Perpetual	
•	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	•
6.	Upon qualification	
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	,
7.	6442 City West Parkway, Eden Prairie, MN 55344	-
	PAC T) present
	(Street Address of Principal Office)	5 7
_	SET	= 1
8.	If limited liability company is a manager-managed company, check here	= $($
9.	The name and usual business addresses of the managing members or managers are as follows:	: 02
	LTF Operations Holdings, Inc., 6442 City West Parkway, Eden Prairie, MN 55344	-
		•
10.	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	ords in
the	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
tran	nstation of the certificate under oath of the translator must be submitted.)	
11.	. Nature of business or purposes to be conducted or promoted in Florida:	
	Sell insurance policies	
•		•
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Eric J. Buss, Secretary of LTF Operations Holdings, Inc., Member	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, 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 Liab	oility Company is:	
Life Time Fitne	ess Financial, LLC	M. a. a. de	
If name unav	ailable, the alternate	e name to be used in the state of Florida is:	
2. The name	and the Florida stre	eet address of the registered agent and office are:	
	NRAI Services, Ir	nc.	
		(Name)	•
		Park Drive, Suite 4	
	Florid	da Street Address (P.O. Box NOT ACCEPTABLE)	
	Weston	FL, 33331	_
		City/State/Zip	
liability comp agent and agr relating to the obligations of NRAI Services By:	any at the place desi ree to act in this capo e proper and comple f my position as regis	agent and to accept service of process for the above si ignated in this certificate, I hereby accept the appointm acity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with an stered agent as provided for in Chapter 608, Florida S	nent as registered all statutes ad accept the

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

Delaware

DAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFE TIME FITNESS FINANCIAL, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFE TIME FITNESS FINANCIAL, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4195574 8300 (70945168



Warriet Smile Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5944900

DATE: 08-22-07