

Charter Number Only

VALUATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

circle of life fitness, Inc

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 |  |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  |  | <input type="checkbox"/> Mail Out                   |

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DEPARTMENT OF STATE

Empire Toll Free: 1-800-432-3028

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION  
OF  
CIRCLE OF LIFE FITNESS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I, NAME

The name of this corporation shall be:

CIRCLE OF LIFE FITNESS, INC.

ARTICLE II, PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

307 S. 24 Avenue  
Hollywood, FL 33020

ARTICLE III, CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock

ARTICLE IV, INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

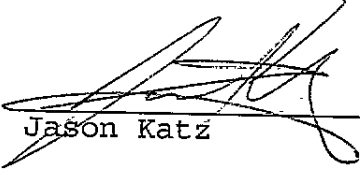
Jason Katz  
307 N. 24 Avenue  
Hollywood, FL 33020

ARTICLE V, INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation are:

Jason Katz  
307 S. 24 Avenue  
Hollywood, Florida 33020

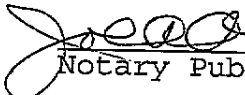
The undersigned subscriber has executed these articles of incorporation this 26 day of SEPTEMBER, 2001.

  
Jason Katz

STATE OF FLORIDA  
COUNTY OF BROWARD

Before me personally appeared JASON KATZ who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed the same for the purposes therein expressed. JASON KATZ is personally known to me or furnished \_\_\_\_\_ as identification.

Witness my hand and official seal in the county and state named above this 26 day of SEPTEMBER, 2001.

  
Notary Public

My commission expires: \_\_\_\_\_



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

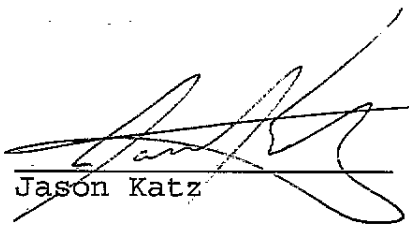
Pursuant to the provisions of Section 607.051, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: CIRCLE OF LIFE FITNESS, INC.

2. The name and address of the registered agent and principal office is:

Name: Jason Katz

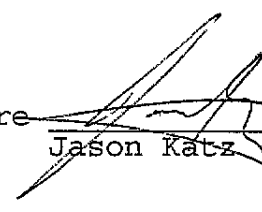
Address: 307 S. 24 Avenue  
Hollywood, Florida 33020

Signature   
Jason Katz

Title President

Date 9-26-01

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

Signature   
Jason Katz

Date 9-26-01

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