

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: YOUR PERSONAL TRAINER, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

 \$70.00
Filing Fee

 \$78.75
Filing Fee
& Certificate of Status

 X \$78.75
Filing Fee
& Certified Copy

 \$87.50
Filing Fee,
Certified Copy,
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michael L. Morgan, Esquire
Brown Clark Christopher & DeMay, P.A.
1819 Main Street, Suite 1100
Sarasota Florida 34236
Telephone (941) 957-3800

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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 the corporation shall be:

Your Personal Trainer, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**Your Personal Trainer, Inc.
8939 Province Street
Sarasota, FL 34240**

ARTICLE III SHARES

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

1000 Class A Common Stock, 10 per share Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

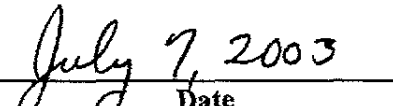
**Michael L. Morgan, Esq.
Brown Clark Christopher & DeMay
1819 Main Street, Suite 1100
Sarasota, Florida 34236**

ARTICLE V INCORPORATOR


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

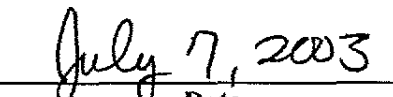
**Michael L. Morgan
1819 Main Street, Suite 1100
Sarasota, Florida 34236**


Signature/Incorporator


Date

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/Registered Agent
G:\MLM\CLIENTS\YPT\Articles.wpd


Date

FILED
03 JUL -9 PM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA