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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Tkt #290

FLORIDA PROFIT/NON PROFIT CORPORATION

EQUINOX AVENTURA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

C/O Equinox Holdings, Inc. 895 Broadway, 3rd Fl, NY, NY, 1000:

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

zoo with no par value

List name(s), address(es) and specific title(s):

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

The name and address of the Incorporator is:

Rose Greenberg
40 Wall Street, 32nd Fl
New York, NY 10005

Having been named or registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

By: [Signature]
Signature Registered Agent

Signature/Registered Agent Dorey Greene
Signature/Incorporator _____

9/5/07
Date
9/4/07
Date

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

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