

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2012 DEC 12 AM 8: 49

TE X	(Instructions on ba	ck of application	1)
1.	The name of the limited liability c	ompany is:	SEGRETARY OF STATE STATE OF IDAHO
	Next Level Fitness, LLC		OFFILM ILTHV
2.	The complete street and mailing addresses of the initial designated office: 202 East Winterberry Loop, Hailey, ID 83333		
	(Street Address) PO Box 1740, Hailey, ID 83333		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Alex Margolin	202 East Wint	erberry Loop, Halley, ID 83333
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Alex Margolin PO Box 1740, Hailey, ID 83333		Hailey, ID 83333
		_	
5.	Mailing address for future correspondence (annual report notices):		
	PO Box 1740, Hailey, ID 83333		
6.	6. Future effective date of filing (optional):		
_	nature of a manager, member o	or authorized	
per	son.		Secretary of State use only
Sia	nature the grand	<u> </u>	
_	ed Name: Alex Margolin		
717			
Sigi	nature		IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

12/12/2012 05:00

CK: 2614 CT: 277127 BH: 1351865
1 9 100.00 = 100.00 ORGAN LLC # 2

Typed Name: _____