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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/26/2012 10:16 AM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orç Limited Liabili			KLC
Pursuant to KRS 14A and KRS 2	l 275, the undersigned	applies to qualify and for that po	urpose submits th	e following statements:
Article I: The name of the limited	d liability company is			
SELECT FITNESS ST	TUDIO, LLC			
Article II: The street address of	the limited liability co	mnany's initial registered office i	n Kentucky is	
3164 Richmond Road		Lexington	KY	40509
Street Address Only (No Post Office E		City	State	Zip Code
and the name of the initial registor			IIFAN	
			t_	·
Article III: The mailing address of	-			40500
3164 Richmond Road		Lexington	KY	40509
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co  A. a manager(s).  B. its member(s).	mpany is to be mana	aged by (must check one):		
Article V: This application will be	e effective upon filing	, unless a delayed effective date	e and/or time is pr	ovided. The effective
date or the delayed effective dat	e cannot be prior to	the date the application is filed.	The date and/or ti	me is $\frac{11/26/2012}{\text{(Delayed effective})}$ date and/or time)
I/We declare under penalty of pe	erjury under the laws	of the state of Kentucky that the	foregoing is true	and correct.
Rebecca Hand		Rebecca Hannifan	Rebecca Hannifan, Member	
Signature of Organizer		Printed Name & Title	·	- 26 - 201   Date
Signature of Organizer		Printed Name & Title		Date
, Rebecca Hannifan		, consent to serve as the registered	agent on hehalf of the	limited liability company
Print Name of Registered Agent				
Debecca 17	1	Rebecca Hannifan		-26-2012
Signature of Registered Agent		Printed Name	Date	

(01/12)