Filing Fee: \$150.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION (To Be Filed In Duplicate)



Pursuant to the provisions of Chapter 7-16 of the General Laws, 1956, as amended, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

The name of the limited liability company is:			
Ki Recreation and Fitness, LLC			
The address of the limited liability company's resident agent in Rhode Island is:			
11 Memorial Boulevard	Newport	RI 02840	
(Street Address, not P.O. Box)	(City/Town)	(Zip Code)	
and the name of the resident agent at such address is			
	(Name o	f Agent)	
Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as:			
(Check one	box only)		
a partnership of a corporation of	X disregarded as an o	entity separate from its member	
The address of the principal office of the limited liability company if it is determined at the time of organization.			
11 Memorial Boulevard			
Newport, Rhode Island 02840			
		··· <u>-</u>	
except the provision of professional services as defined in	in Section 7-5.1-2, and sh	all have perpetual existence until	
	The address of the limited liability company's resident age 11 Memorial Boulevard (Street Address, not P.O. Box) and the name of the resident agent at such address is Under the terms of these Articles of Organization and any the limited liability company is intended to be treated for proceedings of the principal office of the limited liability contains of the principal office of the limited liability contains of the principal office of the limited liability contains of the principal office of the limited liability contains of the proceeding of the purpose of engaging except the provision of professional services as defined dissolved or terminated in accordance with Chapter 7-16	The address of the limited liability company's resident agent in Rhode Island is: 11 Memorial Boulevard (Street Address, not P.O. Box) (City/Town) and the name of the resident agent at such address is James F. Hyman, Esq. (Name of the terms of these Articles of Organization and any written operating agreement the limited liability company is intended to be treated for purposes of federal income to (Check one box only) (Check one box only) a partnership of a corporation of X disregarded as an office of the limited liability company if it is determined at 11 Memorial Boulevard Newport, Rhode Island 02840 The limited liability company has the purpose of engaging in any business which a except the provision of professional services as defined in Section 7-5.1-2, and she dissolved or terminated in accordance with Chapter 7-16, unless a more limited in	

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Form No. 400 Revised: 01/99

6.	Additional provisions, if any, not inconsistent with law, which the members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement: As provided in the Operating Agreement			
				
7.	The limited liability company is to be ma	anaged by:		
	(Check one box only)			
	X its mo	embers <u>or</u>	by one (1) or more managers	
8.	If the limited liability company has managers at the time of filing these Articles of Organization, state the name and address of each manager:			
	<u>Manager</u>		Address	
	N/A	N/a	<u>Madress</u>	
	NA	_ 14/4		
	<u> </u>			
			<u> </u>	
		<u> </u>		
9.			ne effective, if later than the date of filing, is:	
	Upon filing of the Articles of Organization			
	(not prior to, nor more than 30 days after, the filing of these Articles of Organization)			
			Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.	
Da	nte:		Signature of Authorized Person	
			Signature of Authorized Person	

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