

F/2000004250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

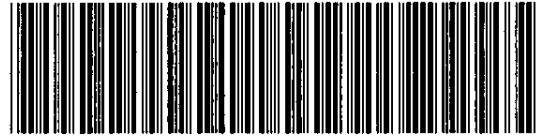
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200240654412

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 16 AM 8:12

12 OCT 16 PM 4:02

RECEIVED
DEPARTMENT OF STATE

W12-5318

10/19/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2012

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: KAI FITNESS INC.
Ref. Number: W12000053118

RECEIVED
12 OCT 18 PM 1:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for KAI FITNESS INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P12000022807 (KAI FITNESS INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 012A00025562

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 10/16/12

NAME: KAI FITNESS INC

TYPE OF FILING: FOREIGN CORPORATION APPLICATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kai Fitness Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kai Fusser, President

Name of Person

Kai Fitness Inc.

Firm/Company

13015 Roberts Island Rd.

Address

Orlando, FL 32832

City/State and Zip code

kaiF@theanikaacademy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kai Fusser

at (407) 277-3030

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Kai Fitness Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

KaiFit Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. Applied For
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/1/12 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13015 Roberts Island Rd., Orlando, FL 32832
(Principal office address)
13015 Roberts Island Rd., Orlando, FL 32832
(Current mailing address)

8. sell health and wellness products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Kai Fusser

Office Address: 13015 Roberts Island Rd.

Orlando, Florida 32832
(City) (Zip code)

12 OCT 15 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: 
(Registered agent's signature) Kai Fusser

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Victor Real Bergevin

Address: 13015 Roberts Island Rd.

Orlando, FL 32832

Director: Mark Adams

Address: 13015 Roberts Island Rd.

Orlando, FL 32832

B. OFFICERS

President: Kai Fusser

Address: 13015 Roberts Island Rd.

Orlando, FL 32832

Vice President: _____

Address: _____

Secretary: Mark Adams

Address: 13015 Roberts Island Rd., Orlando, FL 32832

Treasurer: Mark Adams

Address: 13015 Roberts Island Rd., Orlando, FL 32832

12 OCT 16 AM 8:12
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/11/00 BY 60322 UCBAW

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Kai Fusser, President

(Typed or printed name and capacity of person signing application)

Add'l Director:

Kai Fusser
13015 Roberts Island Rd.
Orlando, FL 32832

NOV 16 2012

12 OCT 16 AM 8:12

FEDERAL BUREAU OF INVESTIGATION
FALLAHASSIE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAI FITNESS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAI FITNESS INC." WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.


12 OCT 16 AM 9:12
SECRETARY OF STATE
FALLS CHASSE, FLORIDA

5220862 8300

121133895

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9919489

DATE: 10-16-12