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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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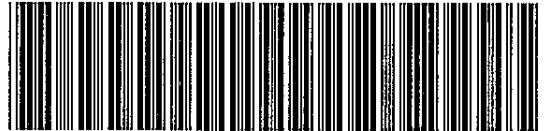
(Business Entity Name)

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03 JUN -4 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Bh*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 115694 4805310

AUTHORIZATION : *Patricia P. [Signature]*

COST LIMIT : \$ 125.00

03 JUN -4 AM 9:44  
FILED  
TALLAHASSEE, FLORIDA

ORDER DATE : June 2, 2003

ORDER TIME : 1:27 PM

ORDER NO. : 115694-005

CUSTOMER NO: 4805310

CUSTOMER: Julie Harris, Legal Assistant  
Dickstein Shapiro Morin &  
2101 L Street, N.w.

Washington, DC 20037

FOREIGN FILINGS

NAME: FLORIDA PRITIKIN CENTER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

FILED  
JUN 14 AM 8:14  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

1. FLORIDA PRITIKIN CENTER LLC  
(Name of foreign limited liability company)
  2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
  3. Applied For  
(FEI number, if applicable)
  4. 03/06/2002  
(Date of Organization)
  5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
  6. Upon approval of application  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
  7. 19735 Turnberry Way  
Aventura, Florida 33180  
(Street address of principal office)
  8. If limited liability company is a manager-managed company, check here ☒
  9. The name and usual business addresses of the managing members or managers are as follows:  
Sam Fox, 7701 Forsyth Boulevard, Suite 600, St. Louis, MO 63105  
Paul T. Lehr, 19735 Turnberry Way, Aventura, FL 33180  
Marilyn Fox, 23 Carrswold Drive, St. Louis, MO 63105
  10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
  11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_ to engage in any lawful acts
- for which limited liability companies may be formed under the laws of the State of Florida.

Paul Tager Lehr  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul Tager Lehr  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

FLORIDA PRITIKIN CENTER LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32301

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
(Signature)

Lynette Coleman  
as its agent

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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JUN -14 AM 8:44  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

# Delaware

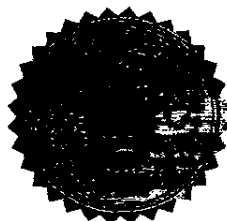
*The First State*

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PAGE 1  
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA PRITIKIN CENTER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA PRITIKIN CENTER LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2002.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3499046 8300

AUTHENTICATION: 2448418

030362688

DATE: 06-02-03