

M 120000003468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

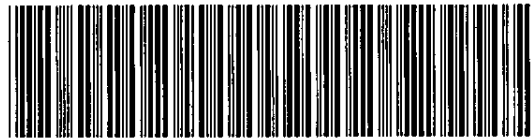
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR
JUN 20 2012
EXAMINER



300235227223

RECEIVED
DEPARTMENT OF STATE
12 JUN 14 AM 10:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 14 AM 10:16



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 240208 4337627
AUTHORIZATION : *[Signature]*
COST LIMIT : \$125.00

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUN 14 AM 09 16

ORDER DATE : June 13, 2012
ORDER TIME : 9:08 AM
ORDER NO. : 240208-005
CUSTOMER NO: 4337627

FOREIGN FILINGS

NAME: REVITA HOLDINGS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
12 JUN 19 AM 10:50

June 15, 2012

STEPHANIE MILNES
CSC
TALLAHASSEE, FL

SUBJECT: REVITA HOLDINGS LLC
Ref. Number: W12000032543

RESUBMIT

Please give original
submission date as file date.

FILED
STATE
SECRETARY OF CORPORATIONS
JUN 19 AM 10:50

We have received your document for REVITA HOLDINGS LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

In addition to the address in Item 9, please list the company's MANAGERS or MANAGING MEMBERS.

Please return 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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 112A00016786

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revita Holdings LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Peter Moye
Name of Person

K&L Gates LLP
Firm/Company

618 W. Riverside Ave., Ste. 300
Address

Spokane, WA 99201
City/State and Zip Code

peter.moye@klgates.com
E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUN 14 AM 10:16

For further information concerning this matter, please call:

Peter Moye at (509) 624-2100
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:

1. Revita Holdings LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Washington 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 23, 2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

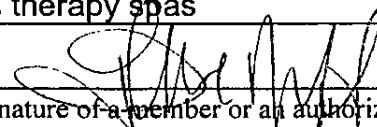
7. 1521 N. Argonne Rd., Ste. C-418
Spokane Valley, WA 99212
(Street Address of Principal Office)

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:
1521 N. Argonne Rd., Ste. C-418
Spokane Valley, WA 99212
Steve Neff

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: Physical therapy,
sports therapy and therapy spas



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. I am aware that any 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.)

Steve Neff

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 14 AM 10:16

**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:

Revita Holdings LLC

If unavailable, the alternate to be used in the state of Florida is:

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, Florida Statutes.

_____ *Stephanie Milnes* Stephanie K. Milnes _____
Assistant Vice President

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

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
REVITA HOLDINGS LLC**

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 2/23/2010.

I FURTHER CERTIFY that as of the date of this certificate, REVITA HOLDINGS LLC remains active and has complied with the filing requirements of this office.

Date: June 11, 2012

UBI: 602-996-032



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State