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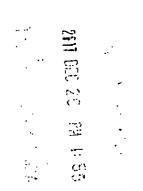
(Requ	iestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer.
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Office Use Only



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File Second

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 981186 4352702

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: December 26, 2017

ORDER TIME : 1:36 PM

ORDER NO. : 981186-040

CUSTOMER NO: 4352702

FOREIGN FILINGS

NAME: FLORIDA FITNESS AND

REHABILITATION, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

rame unavailable, enter alternate		Florida The alternate name must include "Lunited I	Liability Comment " "I I C Tow "I I C ")
	name adopted for the purpose of transacting business in		carbinary company, E.E.C. or said.
DELAWARE	which foreign limited liability company is organized)	3. 55-0842998 (FEI number, if applicable)	
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FE) IN	Maxer, if apprication
UPON FILING			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration.) straine penalty liability)	
	GE AVENUE, SUITE #101	6. 505 SOUTH ORANGE AVENUE, SUITE #101	
(Street Address of Principal Office) SARASOTA, FL 34236		(Mailing Address) SARASOTA, FL 34236	
SARASOTA, FL 342	230	3ARA30171,112 34230	
XI	of Placida assistant and assess (B.O. P.	ou NOT cocestable)	
Name and <u>street addre</u>	ess of Florida registered agent: (P.O. B		
Name:	CROSS STREET CORPORATE SI	ERVICES, LLC	
Office Address:	200 SOUTH ORANGE AVENUE		<i></i>
Office Address:	CARACOTA 24226		
	ATO2ARA2	34236	17
	SARASOTA (City)	, Florida 34236	17 0E
iving been named as r signated in this applic comply with the provi	(City)	(Zipo of process for the above stated limit t as registered agent and agree to a	ed liability controlly at life p ct in this capacity. I further
aving been named as r signated in this applic comply with the provi	(City) ptance: registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prop	(Zipo of process for the above stated limit t as registered agent and agree to a	ed liability controlly at life p ct in this capacity. I further
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Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLORIDA FITNESS AND REHABILITATION,

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 TWENTY-SECOND DAY OF DECEMBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA FITNESS

AND REHABILITATION, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF

DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

ASSESSED TO DATE.

Authentication: 203821844

Date: 12-22-17

6675295 8300 SR# 20177750445