F01000004706

TRANSMITTAL LETTER

TO: Registration See Division of Co	ection rporations		-
SUBJECT: Go	to Health, In		
	(Name of corpora	ation - must include suffix)	
Dear Sir or Madam:			
The enclosed "Applica "Certificate of Existence to transact business in l	e", and check are submitted	for Authorization to Transact E to register the above reference	Business in Florida", d foreign corporation
Please return all corresp	pondence concerning this ma	tter to the following:	O1 S SECR TALLA
	60 to Hear	of Person) Hillow	FILE FILE FIARY C
1310	Robbinswood	Company) DRIVE	FSTATE
Roc	Kledge, Flor	idress) Vda 32955	- 2 mil
	(City/Stat	te and Zip code)	01
For further information	concerning this matter, pleas		00045517949 -08/23/0101031002 *****70.00 ******70.00
Karen Grit (Name of Person	$\frac{\gamma_{i}}{\gamma_{i}}$ at $\frac{3\hat{z}}{z}$	71 632-03/5 a Code & Daytime Telephone	W01-19821
	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	s ,	MAILING ADDRESS: Registration 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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 27, 2001

KAREN GRIFFIN 1310 ROBBINSWOOD DRIVE ROCKLEDGE, FL 32955

SUBJECT: GO TO HEALTH, INC. Ref. Number: W01000019821

We have received your document for GO TO HEALTH, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION DOCUMENT SPECIALIST indicated.

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 all 9 (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 501A00048657

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Karen Griffin , do hereby certify (Name)	-	عمل ١
that this Resolution of the Board of Directors of	-	
(Corporate Name) a corporation duly organized and existing under the laws of the State of Kentucky	– _{મ્હ} ાં	· -, ,
was duly adopted on $\frac{2/14/2001}{60}$, $\frac{4/2001}{100}$		The second secon
organized and existing in the State of Kentucky, hereby adopts the marker of the foruse in Florida.		
<u>(70 40 //ealm, me 0) cocoo</u> Dated: 8/30/0) Dated: 6/30/0)	FILED	· .
Signature of either Chairman Vice Chairman or any officer		
Type or print name		· · · · · · · · · · · · · · · · · ·

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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.
P. To Hoall in
1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
2. Kentucky 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. rebruary 14, 2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualitication
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 915 A+B Florida Avenue, Cocoa, FL 32923
(Principal office address)
13/0 Rohbinswood DR, Rockledge, FL 32935 (Current mailing address)
(Current maning address)
8. Health center/Salon/tarton/body piercing
(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 or Mail Drop Box NOT acceptable)
Name: Karen Griffin
Office Address: 1310 Robbinswood DR
Rockledge Florida 32955 FS ≥ 0
$(City) \qquad (Zip code) \qquad \bigcirc \qquad \bigcirc \qquad \bigcirc$
DA TE
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.
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.
$\alpha = 1/2$
(Kahad Strilla)
(Registered agent's signature)
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: Karen Griffin	
Address: 916 A VB Florida avenue	Coca, FL 32923
Director: James Griffin	
Address: 915 A+13 Florida avenue	o, Cocaa, FL 32923
B. OFFICERS	
President:	
Address:	TAT O
	CRE SE
Vice President:	TAR
Address:	m g m
	FLOF 88
Secretary:	₽
Address:	
reasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the	-
(Signature of Chairman, Vice Chairman, c	or any officer listed in number 12 of the application)
14. Karen Briffin - director	7
(Typed or printed name and capac	ity of nerson signing application)



John Y. Brown III **Secretary of State**

Certificate of Existence

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

GO TO HEALTH, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is February 14, 2001 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by co. Official Seal at Frankfort, Kentucky, this 15th day of August, 2001.

Y. BROWN III Secretary of State Commonwealth of Kentucky LGray/0510629