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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Forever Fitness, Inc.				
(Name of corporation	- must include suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for At "Certificate of Existence", and check are submitted to reg transact business in Florida.				
Please return all correspondence concerning this matter to	the following:			
Richard D. Klein, Attorney				
(Name of Po	erson)			
Richard D. Klein & Associates	7			
(Firm/Comp	pany) Fi B			
500 E. Ogden Avenue, Suite 200				
(Addres	s) 0,1 N			
Naperville IL 60563				
(City/State and				
	0, 9			
For further information concerning this matter, please call				
Richard D. Klein at (630 (Area Co	717-6200 de & Daytime Telephone Number)			
	MAILING ADDRESS:			
	Registration Section Division of Corporations			
	P.O. Box 6327			
	Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
_ * · · · · · · · · · · · · · · · · · ·	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

·	Fitnes				<u></u>			.7.7		_ :
(Enter name of "Inc.," "Co.," "C			"INCORPORAT rp.")	red,"	"COMPANY,"	"CORPOR	ATIŌN,"			<i>5</i> 2
Fitness	Fun, I	inc.		-						
(If name unavai	lable in Flori	da, enter alto	rnate corporate n	ame ac	dopted for the pr	urpose of tra	insacting b	ousiness in l	Florida)
2. Illinoi	s			_ 3	46-04	65762				_
(State or country	under the la	w of which i	t is incorporated)		(FEI number	, if applica	ible)		
4. 2-7-200	2		-	5.	Perpe	tual				
(Dat	e of incorpor	ation)		Ī -	(Duration: Year	r corp. will	cease to ex	ist or "pern	etual")	F = ' ' '
6. upon qu	alifica	tion								
	acted busines:		If corporation ha SECTIONS 607.					ipon qualif	ication.	<u>"</u>)
7. 2712 Ch	eyenne	Drive,	Napervil.	le I	L 60565			A	် ဥ	_
· · · · · · · · · · · · · · · · · · ·			(Principal office	addre	ss)	,	<u></u> .:		. Q	
2712 Ch	eyenne	Drive,	Napervil:	le I	L 60565			= 200		
	· · · · · · · · · · · · · · · · · · ·		(Current mailing	g addre	ess)			- 25.	~~	
To enga may be 8.	ge in a organiz	ny lawi ed unde	Eul acts over the Bus	or a sine	ctivitie ss Corpo	s for wration	vhich Act o	corpor f 1983	a <u>ti</u> c	ns.
(Purpose	(s) of corpora	tion authoriz	red in home state	or cou	ntry to be carrie	d out in stat	e of Floric	la)	\sim	
9. Name and st	reet address	of Florida	registered age	ent: (l	P.O. Box or M	ail Drop B	ox <u>NOT</u> a	cceptable)	~	-
Name:	CT Cor	poratio	on System					t ⊈ Tuerr		. =
Office Address:	1200 S	. Pine	Island Ro	oad						. · · . · <u>e</u> .
	Planta	tion			, Florida	33324				
		(City)			· · · · · ·	(Zip code)	- :	•	in the second
10 50 77 3										

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.

Assistant Secretary

(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: N/A			····
Address:	····		
-	· · · · · · · · · · · · · · · · · · ·		
Vice Chairman: N/A			
Address:			
		 	
Director: Sharon L. Von Ohlen			
Address: 2712 Cheyenne Drive			
Naperville IL 60565			
Director; William D. Von Ohlen			
Address: 2712 Cheyenne Drive			
Naperville IL 60565		E	
B. OFFICERS			ವ ⊇
President: Sharon L. Von Ohlen		HAS	2 TI
Address: 2712 Cheyenne Drive			J ;
Naperville IL 60565			
Vice President: William D. Von Ohlen	· · · · · · · · · · · · · · · · · · ·	7	<u>ن</u> ز
Address:2712 Cheyenne Drive		- A.C.	
Naperville IL 60565			
Secretary: Sharon L. Von Ohlen	J. 44	,	
Address: same as above			
Freasurer: William D. Von Ohlen	··_ · · · · · · · · · · · · · · · · · ·		
Address: same as above			
		-1- "	
NOTE: If necessary, you may attach an addendum to the application listing additional of	fficers and/o	or directors.	
13. Y Wallow De Von Oak			
(Signature of Director or Officer listed in number 12 of the application)			
William D. Von Ohlen, Vice President/Treasurer			

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

File Number

6204-198-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of OCTOBER A.D. 2003

Desse White