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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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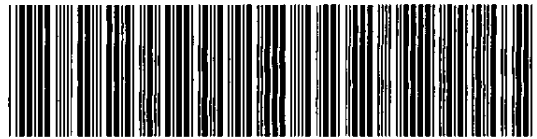
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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09 APR -2 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VAH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Impact Partners, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bruce L. Galaro, Esq.

(Name of Person)

Business Law Group, LLC

(Firm/Company)

22 Katrina Circle

(Address)

Bethel, CT 06801

(City/State and Zip code)

For further information concerning this matter, please call:

Bruce L. Galaro

(Name of Person)

at (203) 797-1600

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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.

1. Health Impact Partners, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Legends Fitness

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. March 13, 2009

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5 Hilltop Drive, Madison, CT 06443

(Principal office address)

Same

(Current mailing address)

8. Operation of health fitness business

(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 NOT acceptable)

Name:

NRAI Services, Inc.

Office Address:

2731 Executive Park Drive - Suite 4

Weston, EE

(City)

, Florida 33331

(Zip code)

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.

NRAI Services, Inc.

By: Matt Thompson

(Registered agent's signature)

Matt Thompson, Assistant Secretary

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.

09 APR - 2 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Matthew Stager

Address: 5 Hilltop Drive
Madison, CT 06443

Vice Chairman: _____

Address: _____

Director: Matthew Stager

Address: 5 Hilltop Drive
Madison, CT 06443

Director: _____

Address: _____

B. OFFICERS

President: Matthew Stager

Address: 5 Hilltop Drive
Madison, CT 06443

Vice President: _____

Address: _____

Secretary: Matthew Stager

Address: 5 Hilltop Drive, Madison CT 06443

Treasurer: Matthew Stager

Address: 5 Hilltop Drive, Madison CT 06443

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Matthew Stager, President

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

HEALTH IMPACT PARTNERS, INC.

a domestic STOCK corporation, was filed in this office on March 13, 2009, a certificate of dissolution
has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of
this office such corporation is in existence.



Secretary of the State

Date Issued: March 22, 2009

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AND
FILED
09 APR - 2 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA