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SUBJEC	ct: Re	laxontheBa	each, Inc.	
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Dear Sir o	or Madam:			
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For furthe	r information	concerning this matter, ple	ase call:	
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N: D: C! 26	FREET/COU ew Filing Sect ivision of Corp lifton Building 661 Executive allahassee, FL	porations 3 Center Circle	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed i	is a check for t	he following amount:		
\$70.0	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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 147 Greenridge Way Newnan GA 30265 (Principal office address) (Current mailing address) 8. Condominium rentals (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: JAMES C HENDRUCKSON Office Address: 1201 JASSAR ST ORLANDO (City) 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	1. Relaxonthe Beach, Inc.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. GEORGIA 3. (FEI number, if applicable) 4. JULY 9, 2008 5. PERCHUAL (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. 147 Greenridge Way Newnan GA 30265 (Principal office address) 147 Greenridge Way Newnan GA 30265 (Current mailing address) 8. Condominium rentals (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: James C Hendruckson Office Address: 1201 VASSAR ST ORLANDO (City) 10. Registered agent's acceptance:	(Enter name of corporation; must include "INCORPORATED,	," "COMPANY," "CORPORATION,"
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ORLANDO , Florida 32804 (City) (Zip code)	Office Address: 1201 VASSAR ST	AFR Z
10. Registered agent's acceptance:	***************************************	— SSR & M
10. Registered agent's acceptance:	(City)	(Zip code)
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Maring over numer 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	designated in this application, I hereby accept the appointm	ment 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.		
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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.

1. 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Address: Vice Chairman: Address: Director: Address: B. OFFICERS Vice President: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director of Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. Carrie Wendelbura

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

Control No. 08053962

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

FILED IN 18 PH 1: 48
RECRETARSEE FLORISI

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

RELAXONTHEBEACH, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 07/09/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 16th day of November, 2011

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 7828725-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp