Document Number Orly 9900000510

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Requestor's Name 660 East Jefferso	on Street				
Address Tallahassee, FL		092		10275E	01035002
City State Zip	Phone	_	:	*****70.00	*****70.00
CORPORA	TION(S) NAME				
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Life	Quest Health	and Wellnes	s Network,	TASSEE.F	N 27 PH 12:
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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.	Life Quest Health and Wellness Network, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATED", "COMPANY", "COMPANY", "CORPORATED", "COMPANY", "COMPANY", "CORPORATED", "COMPANY", "COMPANY", "CORPORATED", "COMPANY", "COMPANY", "COMPANY", "CORPORATED", "COMPANY", "COMPANY", "CORPORATED", "COR	RATION ad of a	N", or natura	words or Il person
2.	Delaware 3. appl (State or country under the law of which it is incorporated)	ied fo number,	if app	licable)
4.	January 15, 1999 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to	exist or	"pem	etual")
6.	upon qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156	, F.S.))		
7.	1400 Raff Road, SW, Canton, Ohio 44750-0001			
	(Current mailing address)			
	To Provide fitness, health and wellness products and services (Purpose(s) of corporation authorized in home state or country to be carried out in the stat Florida) Name and street address of Florida registered agent: Name: C T Corporation System Office Address: Island Road Plantation , Florida, 33324	SECRETARY OF STATE	99 JAN 27 PM I2: 07	Processor of the state of the s
H de fu	(Zip Code) O. Registered agent acceptance: aving been named as registered agent and to accept service of process for the above state esignated in this application. I hereby accept the appointment as registered agent and agre urther agree to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agent.	e to act	ration in this	s capacity. I
	(Registered agent's signature) (Officer) ASSISTANT SECRETARY			

(Type Name and Title of Officer)

(FL - 2189 - 11/16/94)

- 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 addresses of officers and/or directors:

A.	DIRECTORS	
	Chairman: See attached list of directors	
	Address:	
	Vice Chairman: See attached list of directors	
	Address:	_
	Director: See attached list of directors	
	Address:	_
	Director:	
	Address:	99 . SEC
B.	OFFICERS	JAN 27 AHASS
	President: See attached list of officers	PHIZ:
	Address:	PM 12: 07 EF STATE FLORIDS
	Vice President:	
	Address:	
	Secretary:	
	Address:	
		Manual Control of the

DIRECTORS

<u>Name</u> <u>Address</u>

Paul H. Cascio 20600 Chagrin Blvd. - Suite 1150

Cleveland, Ohio 44122

Robert P. Pinkas 20600 Chagrin Blvd. - Suite 1150

Cleveland, Ohio 44122

Craig T. Waters 1400 Raff Road, SW

Canton, Ohio 44750-0001

OFFICERS

NameTitleAddressCraig T. WatersPresident1400 Raff Road, SW
Canton, Ohio 44750-0001Matthew DrewExecutive Vice President800 Platt West St., Suite 4
Tampa, Florida 33606Leslie W. McClaningSecretary and Treasurer1400 Raff Road, SW

PILED
99 JAN 27 PM I2: 07
SECRETARY OF STATE

Canton, Ohio 44750-0001

i reasurer:	AND THE RESERVE THE PERSON OF
Address: _	
and/or directors.	ou may attach an addendum to the application listing additional officers an, Vice Chairman or any officer listed in number 12 of the
14. Craig T. Waters, P. (Typed or printed nar	resident ne and capacity of person signing application)

99 JAN 27 PH 12: 07
SECRETARY OF STATE
AND ANSSEL, FLORIDA

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFE QUEST HEALTH AND WELLNESS NETWORK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JANUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



AUTHENTICATION:

9528466

01-19-99

991021894

2992125 8300

DATE: