



THE PILATES STUDIO®
MO1000000987

February 27, 2001

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

NEW YORK
ATLANTA
BOSTON
CHICAGO
PHILADELPHIA
SEATTLE

2121 BROADWAY
SUITE 201

NEW YORK, NY 10023

(212) 875-0189

FAX (212) 769-2368

890 BROADWAY, 6th FL

NEW YORK, NY 10003

(212) 358-7676

FAX (212) 358-7678

(800) 4 PILATES

(888) 4 PILATES

Dear Sir or Madam:

Please find enclosed payment for the following fees

\$100.00	Filing Fee for Application to transact Business in Florida
\$ 25.00	Designation of Registered Agent
\$ 5.00	Certificate of Status (for Application)
\$ 5.00	Certificate of Status of Fictitious Name Registration
\$50.00	Registration of Fictitious Names
\$185.00	Total

Thank you for your assistance.

Sincerely yours,

Larry B. Miller
General Counsel

800003798978--9
-03/05/01--01135--027
****185.00 ****135.00

FILED
MAY -1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800003798978--8
-05/02/01--01008--010
***2100.00 ***2100.00

MO1-987
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 7, 2001

LARRY MILLER
2121 BROADWAY, SUITE 201
NEW YORK, NY 10023

SUBJECT: THE PILATES STUDIO OF ATLANTA, LLC
Ref. Number: W01000005191

We have received your document for THE PILATES STUDIO OF ATLANTA, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2100.00.

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 call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 901A00013909

FILED
01 MAY -1 PM 5:00
SECRETARY OF STATE
TAMMI CLINE
4-4-01

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. The Pilates Studio of Atlanta, LLC
(Name of foreign limited liability company)

2. Georgia 3. 22-3667719
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/22/1999 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 6/30/1999
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 11751 Cleveland Ave, Suite 21 + 22
Fort Myers, FL 33907
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

The Pilates® Studio of Fort Myers
11751 Cleveland Ave, Suites 21 + 22
Fort, Myers, FL 33907

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Exercise Instruction

Sean P. Gallagher / Cecilia L. Gallagher
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sean P Gallagher / Cecilia L Gallagher
Typed or printed name of signee

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 003400942
CONTROL NUMBER : K916761
DATE INC/AUTH/FILED: 04/07/1999
JURISDICTION : GEORGIA
PRINT DATE : 12/05/2000
FORM NUMBER : 211

LARRY MILLER
PILATES, INC.
890 BROADWAY SIXTH FL
NEW YORK, NY 10003

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE PILATES STUDIO OF ATLANTA, LLC
A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.



Cathy Cox
Secretary of State

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PILATES STUDIO OF ATLANTA, LLC

2. The name and the Florida street address of the registered agent and office are:

MELISSA DERSTINE

(Name)

11751 CLEVELAND AVENUE, SUITE 21922

Florida street address (P.O. Box **NOT** ACCEPTABLE)

FORT MYERS,

FL

33907

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Sam P. Hallgren Jr.

(Signature)

Carolyn L. Hallgren

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FILED

MAY - 1 PM 5:00