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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

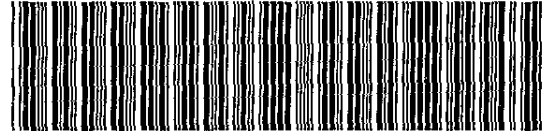
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 APR - 4 PM 2:37

TALLAHASSEE, FLORIDA

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

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

1. PRO FITNESS, LLC
(Name of foreign limited liability company)

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 06-1443465
(FEI number, if applicable)

4. 1/1/96
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 4/1/03
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 40 RICHARDS AVENUE, 2ND FLOOR
NORWALK, CT 06854
(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:

Ⓐ MINUTE MAN, INC

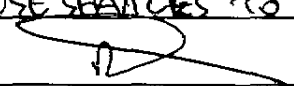
600 RIVERSIDE AVENUE, WESTPORT, CT 06880 49% OWNERSHIP

Ⓑ PRO SPORTS CARE MANAGEMENT, INC C/O HEALTHSOUTH

1 HEALTHSOUTH PARKWAY, BIRMINGHAM, AL 35243 51% OWNERSHIP

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: MANAGEMENT OF HEALTH & WELLNESS PROGRAMS FOR CORPORATE CUSTOMERS OFFERING THOSE SERVICES TO EMPLOYEES AS A BENEFIT.


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.)

DARON SHEPARD

Typed or printed name of signee

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**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:

PRO FITNESS, LLC

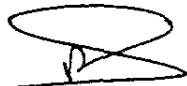
2. The name and the Florida street address of the registered agent and office are:

Daron Shepard
c/o Lilly Ann Kurian
(Name)

@ NORTEL NETWORKS
1500 Concord Terrace, MS A0.325 M
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Surprise FL 33323
(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.



(Signature)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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State of New York
Department of State

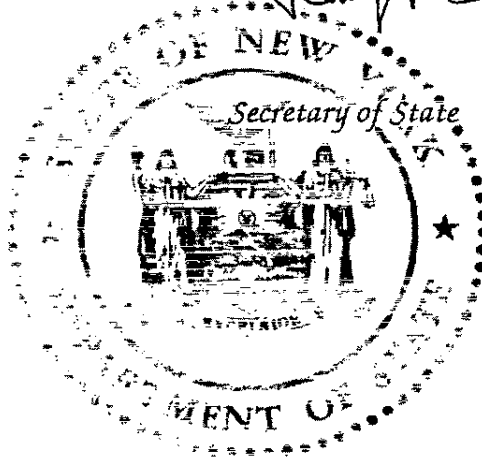
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I hereby certify, that PRO FITNESS, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/03/1996, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 19th day of March
two thousand and three.



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