M05000003525

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u></u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(

Office Use Only



300056190663

06/21/05--01039--006 **160.00

PILED

2005 JUN 21 PM 2: 06

2006 JUN 25 PM 2: 06

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
·
SUBJECT: Team Body Counselors, LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Zachary Darrow, Esq.
(Name of Person)
Burns & Levinson LLP
(Firm/Company)
One Citizens Plaza, Suite 1100
(Address)
Providence, RI 02903
(City/State and Zip Code)
For further information concerning this matter, please call:
Zachary Darrow, Esq. at (401) 831-8330
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Registration Section Registration Section
Division of Corporations 409 E. Gaines Street Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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:

Team Body Counse					是夏	
	(Name of Foreign	Limited Liabil	lity Company)		PEG 5	= 1
Delaware	<u></u>	3. 3	7-1510277	<i>=</i>	至	5 =
(Jurisdiction under the company is organized)	e law of which foreign limited ()	liability	(FEI nu	mber, if applicable	SSE	1 2 P
May 26, 2005	and the same of the	5. P	erpetual		T 40	72
(Date o	of Organization)	•	(Duration: Year limi exist or "perpetual")	red liability compa	ny will cease	06
	(Date first transacted busing (See sections 608.501 & 60	ness in Florida	, if prior to registration	on.)		5
6134 Turnbury Parl		151 AF - 451 - 21	ordinano politary mad			
Sarasota, FL 3424	3		······································		. ,	
	(Stree	t Address of Pr	incipal Office)			
If limited liability	company is a manager-n	managed com	npany, check here	; 🗌		
The name and usu	ual business addresses of	the managin	g members or ma	inagers are as fo	ollows:	
Ben Munger, 6134	4 Turnbury Park Drive, #73	03, Sarasota,	FL 34243			<u> </u>
Nicholas Mari	ino, Jr., 1020 Bound	dary Boule	vard, Rotonda	West, Flori	lda 3394	7
Thomas Caparo	co, 1020 Boundary Bo	oulevard,	Rotonda West,	Florida 339	947	
jurisdiction under the l	al certificate of existence, no mor law of which it is organized. (A te under oath of the translator mi	photocopy is n	ot acceptable. If the o			
. Nature of busine	ess or purposes to be conc	ducted or pro	moted in Florida	Marketing and	selling heal	th
and fitness goods a	and services and such other	purposes tha	t are lawful under	he Florida LLC A	\ct_	
	Signature of a member (In accordance with section 60) an affirmation under the penal	or an author. 8.408(3), F.S., th	e execution of this doc	ument constitutes		. ,*
	Ben Munger, Manging M				-	
	Typed o	r printed nan	ne of signee		-	

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.

The name and the Florida street ad	dress of the registered agent and office a	are:
Ben Munger		
	(Name)	
6134 Turnbury Park Dr	ive, #7303	
Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	
Sarasota	FL 34243	
	City/State/Zip	

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, Florida Statutes.

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEAM BODY COUNSELORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEAM BODY COUNSELORS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2005.

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

FILED
2005 JUN 21 PM 2: 06
2005 JUN 21 PM 2: 06
DIYIJON OF CORPORATIONS
DIYIJON OF CORPORATIONS



Warriet Smith Windson Sarray of State

AUTHENTICATION: 3928810

DATE: 06-06-05

3969665 8300

050471126