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| Special Instructions to Filing Officer: |                   |                 |  |
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Office Use Only



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OWNER OF CORPORATIONS TALLAHASSEE, FLORIDA

105-32120 1 1 2005

J. BRYAN

JUL 2:0 2005



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 1, 2005

NELSON KRAUCAK GENESIS HEART MEDSPA LLC 1501 US HWY 441 NORTH, SUITE 1702 THE VILLAGES, FL 32159

SUBJECT: GENESIS HEART MEDSPA, LLC

Ref. Number: W05000032120



We have received your document for GENESIS HEART MEDSPA, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 005A00044384

#### TRANSMITTAL LETTED

| TO:                      | Registration Section Division of Corporations ECT:  |  | <b>FTAL LETTER</b><br>ART MEDSPA LLC  | 20 PM 1: 18 DIVINION OF CORPURATIONS DIVINION OF SEE, FLORIDA    | n<br>O         |
|--------------------------|---|--|---------------------------------------|--|----------------|
|                          | <del></del>   | (Name of Limited                         | d Liability Company)                  | <del></del>  |                |
| Florid<br>liabili        | nclosed "Application by Forei<br>a," Certificate of Existence, a<br>ty company to transact busine<br>creturn all correspondence con | nd check are subm<br>ss in Florida       | nitted to register the abo            | orization to Transact Business in ove referenced foreign limited | -              |
|                          |   | NELSON                                   | N KRAUCAK                             |  |                |
| •                        |   |  | of Person)                            | <del></del>  |                |
|                          |   | (114110                                  | 01 2 013011)                          |  |                |
| •                        |   | GENESIS HI                               | EART MEDSPA LLC                       |  |                |
|                          |   | (Firm/                                   | Company)                              |  | ē              |
|                          |   | (Ad<br>THE VILLAC                        | ddress)  GES, FL 32159  and Zip Code) |  |                |
|                          |   | (City/State                              | and Zip Code)                         |  |                |
| For fu                   | rther information concerning  | this matter, please                      | call:                                 |  |                |
|                          | DANILO ARSENIJEV  | ITH                                      | at ( 352 ) 750-4                      | 1333   |                |
|                          | (Name of Per  |  | ar (                                  | ne Telephone Number)   |                |
|                          | STREET ADDRESS:   |  | MAILING ADI                           | DFSS.  |                |
| Registration Section     |   |  | Registration Sec                      | ·-   | · <del>-</del> |
| Division of Corporations |   |  | Division of Corp                      |  |                |
| 409 E. Gaines Street     |   |  | P.O. Box 6327                         |  | -              |
|                          | Tallahassee, Florida 32399  | ٠  | Tallahassee, Flor                     | ida 32314  |                |
| Enclos                   | sed is a check for the followin   | g amount:                                |                                       |  |                |
|                          | <b>2</b> \$125.00 Filing Fee □ \$130  | .00 Filing Fee &  <br>Certificate of Sta |                                       | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy    |                |

#### ÁPPLICATION 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: GENESIS HEART MEDSPALLC (Name of Foreign Limited Liability Company) 81-0673853 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized) PERPETUAL 06/14/2005 (Date of Organization) (Duration: Year limited liability company w exist or "perpetual") N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1501 US HWY 441 NORTH, SUITE 1702, THE VILLAGES, FLORIDA (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: NELSON KRAUCAK, 1501 US HWY 441 NORTH, SUITE 1706, THE VILLAGES, FLORIDA 32159 MARIVIC VILLA, 1501 US HWY 441 NORTH, SUITE 1706, THE VILLAGES, FLORIDA 32159 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: ANY LAWFUL BUSINESS Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Fig., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name 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.

| 1. The nan | ne of the Limited Liability Company is:                                   |   |    |
|------------|---|---|----|
|            | GENESIS HEART MEDSPA LLC  |   | ÷  |
| 2. The nan | ne and the Florida street address of the registered agent and office are: | מני בממה שני בממה של המולק בממה של המולק במחים במינים במינים במינים במינים במינים במינים במינים במינים במינים | 71 |
|            | DAN ARSENIJEVITH  | L 20  | F  |
|            | (Name)  | SER P   |    |
|            | 1501 US HWY 441 NORTH, SUITE 1702   | PORA  |    |
|            | Florida Street Address (P.O. Box NOT ACCEPTABLE)                          | REG T   | ဘ  |
|            | THE VILLAGES, FT 32159  | <u>v</u>  |    |
|            | 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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENESIS HEART MEDSPA 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 FIFTEENTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENESIS HEART MEDSPA LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2005.

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

PILED
2005 JUL 20 PM 1: 18
2015 JUL 20 PM 1: 18
2015 JUL 20 PM 1: 18



Warriet Smith Hindson

AUTHENTICATION: 3953216

DATE: 06-15-05

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