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SEC. OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -7 AM 10:38

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W05-52742



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2005

EVANTHIA RODRIGUEZ  
13141 MCGREGOR BLVD STE 4  
FT. MYERS, FL 33919

SUBJECT: LIFETIME WELLNESS CENTER, LLC  
Ref. Number: W05000052742

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LIFETIME WELLNESS CENTER, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 505A00069453

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. LIFETIME WELLNESS CENTER, LLC  
(Name of foreign limited liability company)

2. NEVADA 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. OCT. 21 05 5. 30 yrs. / 2035  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon approval  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 13141 McGregor Blvd. Suite 4  
FT. Myers, FL 33919  
(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:

Evanthia Rodriguez - 13141 McGregor Blvd. Suite 4 FT. Myers, FL 33919  
Peter Kirkendall - 13141 McGregor Blvd. Suite 4 FT. MYERS, FL 33919

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: \_\_\_\_\_

Massage Therapy

Evanthia Rodriguez

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.)

Evanthia Rodriguez

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

LIFETIME WELLNESS CENTERS

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

Evanthia Rodriguez  
(Name)

13141 McGregor Blvd. Suite 4  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

FT. Myers FL 33919  
(City/State/Zip)

SECTION 1 OF STATE  
TALLAHASSEE FLORIDA

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*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.*

Evanthia Rodriguez  
(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

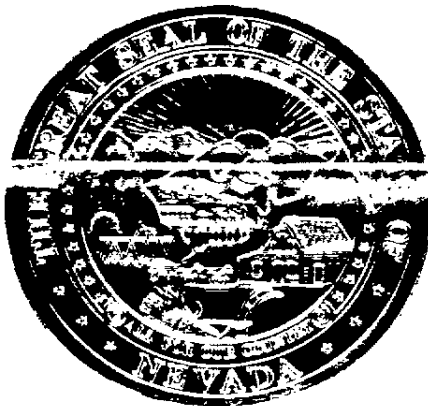


## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LIFETIME WELLNESS CENTERS, LLC.**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 21, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 24, 2005.



*Dean Heller*

DEAN HELLER  
Secretary of State

By

*[Signature]*  
Certification Clerk