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| PM<br>CORP( | ORIDA/FOREIGN LIMITED LIABILITY CO.  Annika Fitness, LLC |          |  |  |  |
|-------------|--|----------|--|--|--|
| ¥ 0F        | Certificate of Status                                    | 0        |  |  |  |
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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

| 1.  | Anniles Pieness, LLC  |           |  |  |  |  |  |
|-----|---|-----------|--|--|--|--|--|
|     | (Name of Aurelga Harited Hability company)  |           |  |  |  |  |  |
| 2.  | Delaware 3.   |           |  |  |  |  |  |
|     | (Jurisdiction under the law of which fureign limited liability (FEI number, if applicable) company is organized)  |           |  |  |  |  |  |
| 4.  | October 12, 2006 5, perpetual   |           |  |  |  |  |  |
|     | (Date of Organization) (Duration: Year limited liability company will coale to calle or "perpetual")  |           |  |  |  |  |  |
| 6.  | upon qualification  |           |  |  |  |  |  |
|     | (Data first transacted business in Florida. (See sections 608.501, 608.502, and 617.)55. F.S.)  |           |  |  |  |  |  |
| 7.  | c/o Carlin. Cherron & Rosen, 1400 Computer Drive, Suits 300, Westborough, MA 01581  |           |  |  |  |  |  |
|     |   |           |  |  |  |  |  |
|     | (Street address of principal office)  |           |  |  |  |  |  |
|     | Tell-in-d (i-4-ii)-   |           |  |  |  |  |  |
| o.  | 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:   |           |  |  |  |  |  |
|     | Annika Sorenstam, Manager, c/o Carlin, Charton & Rosen, 1400 Computer Drive, Suita 300, Weathorough, MA. 01581  |           |  |  |  |  |  |
|     |   |           |  |  |  |  |  |
| 10. | Affected is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translator must be submitted.) | in<br>. 3 |  |  |  |  |  |
| 11  | . Nature of business or purposes to be conducted or promoted in Florida: Finess video and other   |           |  |  |  |  |  |
|     | filtrens related activities and marchandise.  |           |  |  |  |  |  |
|     | "ACS" Lunt  |           |  |  |  |  |  |
|     | Signature of a member or an authorized representative of a member.  |           |  |  |  |  |  |
|     | (to accordence with section 609.408(3), F.S., the transfer of this document constituent on affirmation under the penalties of pegjury that the facts stated herein are true.)   |           |  |  |  |  |  |
|     | Armika Screnstaro, Manager  | 9         |  |  |  |  |  |
|     | 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.

| The name of the Limited Liability Company is:  Annika Fitness, LLC |                                     |   |      |  |  |  |  |
|--|-------------------------------------|---|------|--|--|--|--|
| 2.   | The name and the Florida street add | dress of the registered agent and office                | are: |  |  |  |  |
|  | C T Corporation System              |   |      |  |  |  |  |
|  |                                     | (Name)  |      |  |  |  |  |
|  |                                     | c/o C T Corporation System, 1200 South Pine Island Road |      |  |  |  |  |
|  | Florida stre                        | Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE) |      |  |  |  |  |
|  | Plantation,                         | FL 33324<br>(Chy/Suate/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.

by: TAUFEN H. KREATZ,

Special AS SISTANT SECRETARY

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

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# Delaware

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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANNIKA FITNESS, 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 TWELFTH DAY OF OCTOBER, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANNIKA FITNESS, LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2006.

4234330 8300 060939772 Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5111507

DATE: 10-12-06

SECRETARY OF STATE DIVISION OF CORPORATION

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