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COVER LETTER

Division of Corporations
SUBJECT: Strictly Health Corporation, 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:
Anna McLean
(Name of Person)
Strictly Health (Firm/Company)
(Firm/Company) SE 1
8437 Tuste Ave 403 (Address)
(Address)
SONGSOFA F1 34243 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
1806 McLean at (941) 377 1595 x 778
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \pm



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2007

ANNA MCLEAN 8437 TUTTLE AVE 403 SARASOTA, FL 34243

SUBJECT: STRICTLY HEALTH CORPORATION, LLC

Ref. Number: W07000006894

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We have received your document for STRICTLY HEALTH CORPORATION, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 407A00012806



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2007

ANNA MCLEAN 8437 TUTTLE AVE 403 SARASOTA, FL 34243

SUBJECT: STRICTLY HEALTH CORPORATION, LLC

Ref. Number: W07000006894



We have received your document for STRICTLY HEALTH CORPORATION, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 307A00009977

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

IN COMPLI LIMITED LI	IANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE ABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	D TO REGISTER A FOREIGI
1 (:	Wildy Health Corporation, LLC (Name of Foreign Limited Liability Company)	
··	(Name of Foreign Limited Liability Company)	
2 D	elaware 3549671	
(Jurisdict company	ion under the law of which foreign limited liability (FEI number, if applies organized)	plicable)
4	H19/2002 5. (Date of Organization) (Duration: Year limited liability	
	exist of perpetual)	company will cease to
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	first location
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	•
7. <u>7</u> 0	22. Capex Rd	
	Schaspfa F1 34240 (Street Address of Principal Office)	O7
	(Street Address of Principal Office)	AR S
8. If limit	ted liability company is a manager-managed company, check here	TARY ASSE
0 177	,	
9. The na	me and usual business addresses of the managing members or managers are	e as follows:
7	32-C Moex Rd	
$\frac{-7}{\sqrt{2}}$	rasota, Fr. 34240	
	d is an original certificate of existence, no more than 90 days old, duly authenticated by the offic on under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in	
	of the certificate under oath of the translator must be submitted.)	•
11. Natur	re of business or purposes to be conducted or promoted in Florida: Wax	Phouse
	Signature of a member of an authorized representative of a me	mher .
	(In accordance with section 608.408(3), F.S., the execution of this document constituent 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 name of the Limited Liability Company is:	
Strictly Health Corporation, LLC	
2. The name and the Florida street address of the registered agent and office are:	5.0 0
anna McLean	O7 HAR SECRET
(Name)	ASS -
Florida Street Address (P.O. Box NOT ACCEPTABLE)	AMII: 42 Y OF STATE SEE FLORIDI
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Sarasota EL 34240	DA 2
City/State/Zip	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Staliability (Signature)	nent as registered all statutes d accept the

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

Ret # W0700006894 Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRICTLY HEALTH CORPORATION, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





3549671 8300

070207688

Harriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5454498

DATE: 02-22-07