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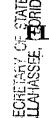
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LORIDA/FOREIGN LIMITED LIABILITY CO.

Transformation Wellness Center, LLC

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Certificate of Status	0
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M. Thomas MAY -7 2008

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

IN COMPLIANCE W. LIMITED LIABILITY O	ITH SECTION 608.503, FLORIDA STATU COMPANYTO TRANSACT BUSINESS IN TE	MES ŒS	, THE FOLLOWING IS SUBMITTED TO REGISTER A TATE OF FLORIDA:	FOREMON
1 TRANSFORMAT	ION WELLNESS CENTER, LLC			, E
•••	(Name of Foreign Limited	Li	bility Company)	
2. TEXAS		3.	20-8294288	
combana is organiz	the law of which foreign limited liability and)	i	(FEI number, if applicable)	
4. JANUARY 23, 20	307	5.	PERPETUAL	
(Dai	te of Organization)		(Duration: Year limited liability company will cease exist or "perpetual")	to
6				
_	(Date first transacted business in (See sections 608.501 & 608.502 F			
7. 2900 WILCREST,	SUITE 220, HOUSTON, TEXAS 7704	2		
	(Street Addre	Sa o	Principal Office)	
8. If limited liabil	lity company is a manager-manage	ed c	ompany, check here	
	•			
9. The name and	usual business addresses of the ma	រវាង	ging members or managers are as follows:	
KENNETH LOC	ONEY - 2900 WILCREST, SUITE 220,	ноі	JSTON, TEXAS 77042	
•	•			
				
custody of records in	the jurisdiction under the law of whi	ch i	an 90 days old, duly authenticated by the official hat is organized. (A photocopy is not acceptable. If the index oath of the translator must be submitted.	he certificate
1. Nature of busi	ness or purposes to be conducted	or p	romoted in Florida: <u>Wellness Center</u>	
,	(Jul. Facción			
	Signature of a member or an	, F.S	Orized representative of a member, , the execution of this document constitutes (that the facts stand herein are true)	
	JULI FOURNIER	-·J#1,	And the property of the state o	
	Typed or print	ed r	ame 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: TRANSFORMATION WELLNESS CENTER, LLC 2. The name and the Florida street address of the registered agent and office are:		
_	(Name)	
	1200 South Pine Island Road	
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation, Florida 33324	
-	Circl@total/Zin	

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.

C T Corporation System

By: One Zoneste (Signature)

Jane Zachritz Assistant Secretary

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Phil Wilson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TRANSFORMATION WELLNESS CENTER, LLC (file number 800763216), a Domestic Limited Liability Company (LLC), was filed in this office on January 23, 2007.

It is further certified that the entity status in Texas is in existence.

OBMAY -6 M 8:51

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 05, 2008.



Phil Wilson
Secretary of State