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W8-19154



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY -8 PM

M. Thomas MAY - 9 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Switch Fitness, LLC		
(Name of Li	imited Liability Company)	
SUBJECT: Switch Fitness, LLC (Name of Li The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida. Please return all correspondence concerning this Cindy Schmitt (Name of Li (Name o	Liability Company for Authorization to Transact submitted to register the above referenced foreign	Business in
Please return all correspondence concerning this	matter to the following:	-8 PA
Cindy Schmitt		EST P
1)	Name of Person)	38
Switch Fitness, LLC		
(F	Firm/Company)	
1141 South 7th Street		
9-	(Address)	
St. Louis, MO 63104	To be still be Samply buildings	
(City/S	State and Zip Code)	
For further information concerning this matter, p	lease call:	
Cindy Schmitt	_{at (} 314 ₎ 450-5900	_
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sumsymbol{\subsymbol{\symbol{\subsymbol{\symbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\symbol{\symbol{\symbol{\symbol{\subsymbol{\symbol{\symbo		Certificate Certified Copy



April 15, 2008

CINDY SCHMITT 1141 SOUTH 7TH STREET ST. LOUIS, MO 63104

SUBJECT: SWITCH FITNESS, LLC

Ref. Number: W08000019154

your check(s)

We have received your document for SWITCH FITNESS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 Regulatory Specialist II

Letter Number: 608A00022384

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	
1 Switch Fitness, LLC	ART -8
(Name of Foreign Limited Liability Company; must inclu	
(If name unavailable, enter alternate name adopted for the purpo- consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of writter
_{2.} Missouri	38-3772527
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 10/9/07 (Date of Organization) 5	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	to determine penalty liability)
7. 1141 South 7th Street, Saint Louis, M	IO 63104
(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 mana	aging members or managers are as follows:
Robert Kissel 1141 S. 7th Street, St.	Louis, MO 63104
Daniel Schmitt 1141 S. 7th Street, St	AND THE PROPERTY OF THE PROPER
	•
Edward Eubanks 1141 S. 7th Street,	St. Louis, MO 63104
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	•
11. Nature of business or purposes to be conducted or	promoted in Florida: Fitness Center
	ssel

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:

Switch Fitness, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

Business Filings Incorporated

(Name)

1203 Governors Square Blvd., Ste 101

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301-29160

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)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

SWITCH FITNESS, LLC LC0847319

was created under the laws of this State on the 9th day of October, 2007, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 9th day of April, 2008

n Amakan

Secretary of State

Certification Number: 10629119-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification

