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FILED
SECRETARY OF STATE
DIVISION OF CHRPGRATIONS

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: DaVRIA ENTERPRISES, 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:		
Brian J. DesRosiers, Esq., LL.M.		
(Name of Person)		
Cody & Cody, LLC		
(Firm/Company)		
1 Pine Hill Drive, 5th Floor		
(Address)		
Quincy, MA 02169		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Brian J. DesRosiers at ( 617 ) 472-5151		
(Name of Person) (Area Code & Daytime Telephone Number)		
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:  \$\Bigsim \frac{1}{2} \frac{1}{2		

### 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. DaVRIA ENTERPRISES, LLC	
(Name of Foreign Limited Lie	ability Company)
	20-8418770
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. February 9, 2007 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Began transacting business on registration	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. 11724 River Shores Trail, Rive Isle @ Riv	
	08 0 0 8 0 SEC
(Street Address of	f Principal Office)
8. If limited liability company is a manager-managed c	company, check here ✓ $3 = \frac{1}{2}$
<ol><li>The name and usual business addresses of the management</li></ol>	ging members or managers are as follows: 完
DAVID A. GERTH, Manager with a business	
Rive Isle @ River Wilderness, Parrish, FL	34219
10. Americal in the Control of the co	
the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	
11. Nature of business or purposes to be conducted or p	promoted in Florida: To operate and manage a sports nutriti
franchise store for profit, and to engage in the business of real estate	rental, leasing, acquisition, management and any and all activities related
Name a Levete	
	norized representative of a member.
(In accordance with section 608.408(3), F.S an affirmation under the penalties of perjur	., the execution of this document constitutes y that the facts stated herein are true.)
DAVID A. GERTH, Manage	

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.

The name of the Limited Liability Company is:		
aVRIA ENTERPRISES, LLC		
The name and the Florida street address of the registered agent and office are:		
DAVID A. GERTH		
(Name)		
11724 River Shores Trail, Rive Isle @ River Wilderness		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Parrish <sub>FL</sub> 34219		
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.

David a State
(Signature)

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

PAGE 1

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVRIA ENTERPRISES 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-FOURTH DAY OF OCTOBER, A.D. 2008.

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

ARYS OF THE PROPERTY OF THE PR

Harriet Smith Windson Secretary of State

AUTHENTICATION: 6929959

DATE: 10-24-08

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