M08000005320

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 09 2008

EXAMINER



000138417960

12/08/08--01034--009 **130.00

08 DEC -8 PM 2: 57

SECRETARY OF STATE DIVISION OF CURPCRATIONS

COVER LETTER

Divisio	on of Corporations		
SUBJECT:	MOHEY	MET	HOD, LLC
_	1)	Name of Lim	ited Liability Company)
Florida," Cert		check are si	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return a	all correspondence conc	erning this n	natter to the following:
	ROBERT H	. ASCA	HHEIM ESD
		(Na	theim ESD, ume of Person)
		(Fi	rm/Company)
	18851 NE 2	9 AVE	(Address)
			(Address)
	AVENTURA	PL	3318° ate and Zip Code)
		(City/St	ate and Zip Code)
For further inf	formation concerning thi	s matter, ple	ease call:
Roi	SERT H. ASCH (Name of Perso	НЕ 1 М n)	at (305) 937-0051 (Area Code & Daytime Telephone Number)
	ING ADDRESS:		STREET ADDRESS:
	on of Corporations ox 6327		Division of Corporations Clifton Building
	assee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301
	check for the following a .00 Filing Fee \$\int \mathbb{\Bar}\$130.00	amount:) Filing Fee & Certificate of	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Cop

145/08

TO: Registration Section

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: MOHEY METHOD, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") M3 LIFESTYLE, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") NEW JERSEY (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) **NOVEMBER 11, 2007** (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 6000 ISLAND BLVD. #2606 AVENTURA FL 33160 (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 managing members or managers are as follows: 6000 ISLAND BLVD. #2606 AVENTURA FL ##!¢) FRANK MENGRONE 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ____ HEALTH & FITNESS PROGRAM Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

FRANK MENGRONE

Typed or printed name of signce

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:
MOHEY METHOD. LLC
If name unavailable, the alternate name to be used in the state of Florida is:
M3 LIFESTYLE, LLC
2. The name and the Florida street address of the registered agent and office are:
FRANK MENGRONE
(Name)
6000 ISLAND BLVD. #2606
Florida Street Address (P.O. Box NOT ACCEPTABLE)
AVENTURA FL 33160 FL
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.
\$ 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 NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

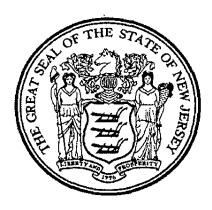
MOHEY METHOD, LLC 0600312511

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 1, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Vincent D Commisa, Esq 600 South Livingston Ave, Ste 206 Livingston, NJ 07039



Certificate Number: 112959670

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of November, 2008

R. David Rousseau State Treasurer