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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<u>.</u>	





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B. KOHR

APR 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: XTREMEWEALTH4U, LLC	
(Name of Lim	ited Liability Company)
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this n	
Ronald Meijerink	rm/Company) FILED FILED FILED
(Na	ime of Person)
XTREMEWEALTH4U, LLC	SEE
(Fil	rm/Company)
19046 SW 76th Avenue	
	(Address)
Cutler Bay, FL 33157	
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ease call:
Ronald Meijerink	at (305) 259 0522
(Name of Person)	at (365) 259 0 522 (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: \$\sim\$\$\\$\$125.00 \text{ Filing Fee}\$\$ \$\square\$	\$155.00 Filing Fee & \$\Bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs\b

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:

, XTREMEWEALTH4U	I, LLC			
(Name of Foreign Limited Liab	oility Company; must includ	le "Limited Liability Compa	any," "L.L.C.," or "	LLC.")
(If name unavailable, enter alternate n consent of the managers or managing Company," "L.L.C.," "LLC.")	ame adopted for the purpose members adopting the alterr	e of transacting business in nate name. The alternate na	Florida and attach a me must include "L	a copy of the writte imited Liability
2. Nevada (Jurisdiction under the law of which company is organized)	3. a foreign limited liability	26-461 (FEI numb	3576 er, if applicable)	
4. 04-02-09 (Date of Organization	n) 5.	perpetual (Duration: Year limited exist or "perpetual")	liability company v	vill cease to
6(Date firs	t transacted business in Flor ns 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liabilit	y) 5	99 PR
7. 14046 SW	76 AVENUE			RIGHT RED
CUTTER BAY,		f Principal Office)		EE. FLORID
8. If limited liability company i9. The name and usual business	•	_		ws:
Ronaus Meyeri	uk 19046 SW	76 AVE CUTI	erspy fl	<u>33/57</u>
SUSAM MEGERI	MIC, 19040 SW	to ave Cuti	ensey ti	_237 2)
10. Attached is an original certificate of e the jurisdiction under the law of which it translation of the certificate under oath o	is organized. (A photocopy i	is not acceptable. If the certif		
11. Nature of business or purpor	ses to be conducted or p	promoted in Florida: _	INTERNET	HEKKETING
	-			,
(In accordance an affirmation	of a member of an author with section 608,408(3), F.S. on under the penalties of perjury Meijerink	., the execution of this docume	nt constitutes	
Nonaic	i ivicijetitik			

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:

	NEALTH4U, LLC nilable, the alternate name to be used in the state of Florida is:
2. The name a	and the Florida street address of the registered agent and office are: GILLIAN BREAKSPEARE LOND BREAKSPEANE+ASCOCIATES LLC (Name)
	10913 NW 30th STREET STE 100 Florida Street Address (P.O. Box NOT ACCEPTABLE)
	MIANTEL FL 33172 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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **XTREMEWEALTH4U**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 2, 2009, and is in good standing in this state.



Certified By: RaeJean Wilson Certificate Number: C20090403-0332 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 3, 2009.

ROSS MILLER Secretary of State