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MAY 15 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ons						
suвјест: <u>Неа</u>	ithy Be	'ING / ume of Limi	(C) ted Liability Comp	pany			
The enclosed "Application by I Existence, and check are submi							
Please return all correspondence	ce concerning this m	atter to the	following:				
	Melissa	Gano Nan	Shev ne of Person			_	
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<u></u>	St. Petu	S DUM City/Sta	and Zip Code	37,4	TALLA!	2009 MA	- Control
_ Melis	SAC <u>heal</u> E-mail address: (to be used i	ing UC · Co or future annual re	p/// eport notification	ANSSEE.	2009 HAY 15 PM 3: 13	m
For further information concern	ning this matter, plea	ase call:			FLORIOA	د الماد	
MUISSN Nam	ballagher ne of Person	Агеа (at (727 Code & Daytime T	951 . 891 elephone Numb	28	^{τι} ω —	
MAILING ADDRES: Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons	Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle, FL 32301	ele			
Enclosed is a check for the	e following amou	ınt:					
\$125.00 Filing Fee	\$130.00 Filin	g Fee & [of Status	\$155.00 Filing Certified		60.00 Filing Fee, of Status & Cert	Certificate	è y



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2009

MELISSA GALLAGHER 2508 50TH AVE N. ST. PETERSBURG, FL 33714

SUBJECT: HEALTHY BEING, LLC Ref. Number: W09000021619

We have received your document for HEALTHY BEING, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, and authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organzed, must be submitted to this office. A translation of the certificate under oath of translator must be attached to a certificate which is in a language other than English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 009A00015537

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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") (Jurisdiction under the law of which foreign limited liability company is organized) 8-06-07 (Date of Organization) (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Gallegher 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: Welling St. Boutque 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.)

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:
Healthy being LEC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Mellesh Gallagher SA 5
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2508 ON AeN For is
Florida Street Address (P.O. Box NOT ACCEPTABLE)
St Pete FL 33774
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)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHY BEING 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 ELEVENTH DAY OF MAY, A.D. 2009.

4403010 8300

090454306

ou may verify this certificate online t corp.delaware.gov/authwer.shtml

CATION 7294966

DATE: 05-11-09