

M09000002009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

09 MAY 27 PM 12:02

FILED

S. HAWKES

EXAMINER

S. HAWKES

MAY 28 2009

EXAMINER

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2009

EDWARD BOYLE
6465 WAYZATA BLVD SUITE 660
ST LOUIS PARK, MN 5426

SUBJECT: HEALTHSOURCE SOLUTIONS, LLC
Ref. Number: W09000021631

We have received your document for HEALTHSOURCE SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 109A00015554

HEALTHSOURCE SOLUTIONS_{LLC}

May1, 2009

Re: Registration for foreign limited liability company

Florida Department of State
Divisions of Corporations

Please accept our registration materials allowing HealthSource Solutions to transact business in Florida. We are excited about this growth opportunity.

HealthSource Solutions provides worksite health promotion programs and corporate fitness center management.

Included in this letter are the following:

1. Florida Department of State - Divisions of Corporations Application
2. Original document from the Minnesota Secretary of State - Certificate of Good Standing
3. Payment of \$130.00 application and processing fee
 - a. Check # 5015
 - b. Dated May 1, 2009

Thank you for your time and attention, please contact me directly if there are any concerns of issues with this documentation.

Thank you



Edward Boyle
CEO HealthSource Solutions
763-287-0750
cdboyle@healthsource-solutions.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealthSource Solutions, 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:

Edward Boyle
Name of Person

HealthSource Solutions, LLC
Firm/Company

6465 Wayzata Blvd. Suite 660
Address

St. Louis Park, MN 5426
City/State and Zip Code

edboyle@healthsource-solutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Boyle at (763) 287-0750
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. HealthSource Solutions, LLC
(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.")

2. Minnesota 3. 26-4247212
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 13, 2009 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. HealthSource Solutions, LLC
6465 Wayzata Blvd. Suite 660, St. Louis Park, MN 55426
(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:

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: _____

Corporate Fitness Center Management and Work site Health Promotion

Signature Edward Boyle 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)

Edward Boyle
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:

HealthSource Solutions, LLC

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:

Edward Boyle

(Name)


6743 Southpoint Drive North

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

Jacksonville, FL 32216-0980

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)

FILED
09 MAY 27 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

FILED
09 MAY 27 PM 12:03

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued; and amendments to the articles of organization or application of authority were filed on the dates listed below.

Name: HealthSource Solutions, LLC

Date Formed or Registered: February 13, 2009

State of Organization: Minnesota

No amendments have been filed.

This certificate has been issued on April 21, 2009.



Mark Ritchie
Secretary of State.

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of HealthSource Solutions, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of
Minnesota
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

HealthSource Fitness Solutions, LLC

(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, L.L.C., or LLC.)

Date: May 21, 2009

Signature(s) of Manager(s) and/or Managing Member(s):

Edward Boyle 

_____	_____
_____	_____
_____	_____
_____	_____
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FILED
09 MAY 27 PM 12:03
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT