M09000003702

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

Office Use Only

B. KOHR

SEP 2 1 2009

EXAMINER



000160671420



B. KOHR SEP & 1 2009 EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE: 120597 7224143

COST LIMIT

ORDER	DATE	:	September	9,	2009
-------	------	---	-----------	----	------

ORDER TIME : 3:17 PM

ORDER NO. : 120597-010

CUSTOMER NO: 7224143

FOREIGN FILINGS

NAME: BEYOND HEALTH INTERNATIONAL,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2009

TROY TODD CSC TALLAHASSEE, FL

SUBJECT: BEYOND HEALTH INTERNATIONAL, LLC

Ref. Number: W09000041849

RESUBMIT

Please give original submission date as file date.



We have received your document for BEYOND HEALTH INTERNATIONAL, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

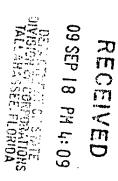
In addition to the address in Item 9, you must please list the NAMES of the company's MANAGERS or MANAGING MEMBERS.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 709A00030708



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 Beyond Health International, LLC	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Delaware	27-0929500
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. September 9, 2009 5 (Date of Organization)	27-0929500 (FEI number, if applicable) perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6	.0
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 6555 NW 9TH AVENUE, SUITE 108	
FT LAUDERDALE, FL 33309	
(Street Address of	f Principal Office)
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	ging members or managers are as follows:
6555 NW 9TH AVENUE, SUITE 108, FT	LAUDERDALE, FL 33309
RAYMOND FRIESECKE	
10. Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be subm	itted.)
11. Nature of business or purposes to be conducted or	promoted in Florida: Health education (books,
newsletters, etc.), retail sales of supplements	and health products (no manufacturing)
56000	
Signature of a member or an auti	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
Raymond Friesecke	y man our rests states income and time.)
Typed or printed i	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 Lin	nited Liability Compa	any is:	
Beyond Health Inte	rnational, LLC_		
If name unavailable, th	e alternate name to be	e used in the state of Florida is:	
2. The name and the F	lorida street address o	of the registered agent and office are:	
Corpo	oration Service Co	ompany	
<u>-</u>		(Name)	_
1201	Hays Street		
-	Florida Street Addr	ress (P.O. Box NOT ACCEPTABLE)	
Tallal	hassee	FI 32301	
***************************************		City/State/Zip	
liability company at the agent and agree to act it relating to the proper ar obligations of my position	place designated in th n this capacity. I furth nd complete performan on as registered agent	o accept service of process for the above his certificate, I hereby accept the appoin her agree to comply with the provisions a nce of my duties, and I am familiar with a as provided for in Chapter 608, Florida	tment as registered If all statutes and accept the
BY: (S		Troy Todd as its agent	
	\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered Agent	

Certified Copy (optional) 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BEYOND HEALTH INTERNATIONAL, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D.
2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEYOND HEALTH INTERNATIONAL, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER,

A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4728881 8300

090862921

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 7532126

DATE: 09-17-09

You may verify this certificate online at corp. delaware.gov/authver.shtml