M1000000625

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

Office Use Only

office Liter



600166349786

01/21/10--01038--025 **160.00

9 AM 8: 52

10 FEB -8 AM 8: 52

SECRETARY OF STATE
DIVISION OF CORPORATION

G. MCLEOD

FEB - 9 2010

EXAMINER

TO: Registration Section Division of Corporations
SUBJECT: Annshelloy Health Spa and Fitness 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:
Rose Plummer Name of Person
Annskerlay Health Spa and Fitness Firm/Company
618 Pinehills Rd Address
Orlando, FL 32808 City/State and Zip Code
Plummerrose e y ahos com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Sisson Filing Fee & Certificate of Status} \sum_{155.00}\$ \text{Filing Fee & Certified Copy} \sum_{155.00}\$ \text{Filing Fee & Certified Copy} \text{Certified Copy}

- To whom it may concern,

I am re-probability my application per telephone instruction offer speaking to someone at your office.

Novede does not give ariginal certificate of angra only electronic certificate which can be verified at the web address stated on certificate. Please process my application of call 407-399-1764 if there is otill a problem.

Thanks. Rose Plummer

raid oc

SECRETARY OF SIALE DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2010

ROSE PLUMMER 618 PINEHILLS RD ORLANDO, FL 32808

SUBJECT: ANNSHELLAY HEALTH SPA & FITNESS, LLC.

Ref. Number: W10000003361

We have received your document for ANNSHELLAY HEALTH SPA & FITNESS, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6851.

Letter Number: 810A00001810

Gina McLeod Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

i ali gentini ili talmateriam presi propressi. Limine in li ali ili ele lamberta i gentingga alemai principi grafin gali etc. I tali ili e

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 I IMITED I LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Annshellay Health Spatishers 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.") Neve do. (Jurisdiction under the law of which foreign limited liability company is organized) 4. July 20, 2009
(Date of Organization) (Duration: Year limited liability company will cease to 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) 618 Pinehillo Rd, OK 32808 (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: ROSE PIUMMER - 618 PINEMIS Rd DYL FL 32808 Michalle Plummer - 11 10. Attached is an original certificate of existence, no more than 90 days old, duty 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 Spa & Fifness 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.) ROSE PlummER Typed or printed name of signee

ĆERTIFICATE 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 Cor	ompany is:		
Anna	Lellary Health Spa	a and Fitness LLC.		
If unavailable, the alternate to be used in the state of Florida is:				
2. The name	and the Florida street addres	ess of the registered agent and office are:		
	Rose Plum	(Name)		
	618 Pinehills	2 d		
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)		
	Orlando.	FLA 32808 City/State/Zip		
liability comp agent and agr relating to the	oany at the place designated in ree to act in this capacity. I fu e proper and complete perforn	nd to accept service of process for the above stated limite in this certificate, I hereby accept the appointment as reg further agree to comply with the provisions of all statutes rmance of my duties, and I am familiar with and accept to gent as provided for in Chapter 608, Florida Statutes.	zistered s	
	NPluyuer (Signature)			
	\$ 100.0 \$ 25.0 \$ 30.0 \$ 5.0	00 Designation of Registered Agent 00 Certified Copy (optional)	· 	

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, ANNSHELLAY HEALTH SPA & FITNESS, 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 July 20, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 23, 2009.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20091123-3488
You may verify this electronic certificate
online at http://www.nvsos.gov/