# Julian 28 Decemot Color ration DO DO State Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001447483)))



H100001447483ABC\$

L. SELLERS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

EXAMINER

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300 Fax Number : (608)827-5501 TO JUN 21 PH 2:

SECRETARY OF SHA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Foreign Limited Liability Company
Performance Enhancing Supplements LLC

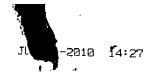
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE



#### 410000144 1485

## 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.	Performance Enhancing Supplements LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or"LL	C.")	_			
ÇO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attensent of the managers or managing members adopting the atternate name. The alternate name must include ompany," "LLC." "LLC."						
	Nevada (Jurisdiction under the law of which foreign limited liability company is organized)  3, 27-2378366 (FEI number, if applicab	lc)	<del></del> ,	_			
4.	4/19/2010 5 Perpetual (Date of Organization) (Duration: Year limited liability comparison exist or "perpetual")	any will	case to	_			
6.	(Date first transacted business in Plonda, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			<del></del>			
7.	900 Riggins Road APT 837, Tallahassee, Florida 32308	·		_			
	(Street Address of Principal Office)	<del></del>					
<ul> <li>8. If limited liability company is a manager-managed company, check here </li> <li>9. The name and usual business addresses of the managing members or managers are as follows:</li> </ul>							
•	Joshua Poole, PO Box 181077, Tallahassee, Florida 32303			<del>-</del>			
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official han ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for inslation of the certificate under cath of the translator must be submitted.)	ring custo eign lang	ody of n page, a	 eccentle in			
11	Nature of business or purposes to be conducted or promoted in Florida:			<del></del>			
	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.)		***	<b>-</b> ·			
	Joshua Poole  Typed or printed name of signee		JUN	and and			

H10000 1447483

#### H10000174 1783

### 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 nam	ne of the Limited Liabilit	y Comp	eany is:		
Performance	e Enhancing Supplements I	LC		······································	
If name una	available, the alternate na	me to b	e used in the state of Florida is:		
2. The nam	ne and the Florida street a	ıddress	of the registered agent and office are:		
	Business Filings Inco	rporated	(Name)	<del></del>	
	1203 Governors Square Blvd, Suite 101, Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	<del></del>	FL 32301-2960 City/State/Zip	<u>-</u>	
liability com agent and ag relating to the obligations of	nparry at the place designo gree to act in this capacity he proper and complete po of my position as registere	ited in th v. I furti erforma	o accept service of process for the above his certificate, I hereby accept the appoint her agree to comply with the provisions o nce of my duties, and I um familiar with a l as provided for in Chapter 608, Florida	tment as registered fall statutes and accept the	
Mail	(Signature)	<del></del>			
Mark Willian	ns, A.V.P., Business Filings	Incorpo	rated		
	•	100.00 25.00 30.00 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) 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, **PERFORMANCE ENHANCING SUPPLEMENTS 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 19, 2010, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20100604-0787
You may verify this electronic 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 June 4, 2010.

ROSS MILLER Secretary of State