

Florida Department of State  
Division of Corporations  
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Foreign Limited Liability Company  
Sana Vita Anti-Aging, Ltd. Co.

Certificate of Status	0
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March 25, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BUSINESS FILINGS

SUBJECT: SANA VITA ANTI-AGING, LTD. CO.  
REF: W11000016843

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6870.

Karen A Saly  
Regulatory Specialist II

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# 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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Sana Vita Anti-Aging, Ltd. Co.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Sana Vita Anti-Aging, Ltd. Co. 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. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

27-5435261

(FEI number, if applicable)

4. 3/11/2011

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

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

7. 121 Alhambra Plaza Suite 1500, Coral Gables, Florida 33134

(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:

Paul Johnston, 121 Alhambra Plaza Suite 1500, Coral Gables, Florida 33134

Sandra L Johnston, 322 Buchanan Street 807, Hollywood, Florida 33019

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:

All lawful business

*Paul Johnston Sr.*  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.400(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul Johnston-

Typed or printed name of signee

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# **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:

Sana Vita Anti-Aging, Ltd. Co.

If name unavailable, the alternate name to be used in the state of Florida is:

Sana Vita Anti-Aging, Ltd. Co. LLC

2. The name and the Florida street address of the registered agent and office are:

Business Filings Incorporated

(Name)

1203 Governors Square Blvd, Suite 101,

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

Tallahassee

FL 32301-2960

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.*

Mark Williams

(Signature)

Mark Williams, A.V.P., Business Filings Incorporated

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

Fax Acount # H110000778103



**STATE OF WYOMING**  
**Office of the Secretary of State**

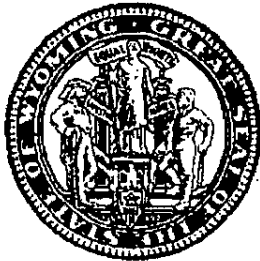
I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Sana Vita Anti-Aging, Ltd. Co.**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 11, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000598381**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of March, 2011 at 10:14 AM. This certificate is assigned 009566625.



*Max Maxfield*  
Secretary of State