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SECRETARY OF STATE DIVISION OF CORPORATIONS

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THAMPTON MANUAL AND EXAMINED

COVER LETTER

	istration Section ision of Corporations
SUBJECT:	PERFECTLY CONTOURED BODIES, LLC Name of Limited Liability Company
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d 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:
) * S	JILL BOTHICK Name of Person
	PERFECTLY CONTOURED BODIES, LLC Firm/Company
	11211 OR ANGE HIBISCUS LAME Address
.	PALM BEACH GARDENS, FL 33418 City/State and Zip Code
マータ マール 東 A	<u>Jobotnick</u> (a) cox, net E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
· · · · · · · · · · · · · · · · · · ·	JILL BOTHICK at (561) 568-0733 Name of Person Area Code & Daytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations Division of Corporations istration Section Box 6327 Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for the following amount: 5.00 Filing Fee Certificate of Status State of Status State of Status State of Status Certified Copy State of Status & Certified Copy

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 REGISTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	RAF	OREIG!
1. PERFECTLY CONTOURED BONIES, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.")		
2. LOUISIANA (Jurisdiction under the law of which foreign limited liability) 3. 72-1455599 (FEI number, if applicable)		_
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4. SEPTEMBER 2, 1999 (Date of Organization) 5. PER PETUAL (Duration: Year limited liability company will ce		
(Date of Organization) (Duration: Year limited liability company will ce exist or "perpetual")	ase to	
6(Date first transacted business in Florida, if prior to registration.)		_
(See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 11211 ORANGE HIBISCUS LANE	<u> </u>	SI S
PALM BEACH G-AKDENS, FL 33418 (Street Address of Principal Office)	11 26	SCRE CRE
(Street Address of Principal Office)	ল •-9	뭐
8. If limited liability company is a manager-managed company, check here X		CHAPE
9. The name and usual business addresses of the managing members or managers are as follows:	至野	STA
JILL BOTNICK	(J)	TON:
11211 ORANGE HIBISCUS LAME		_
PALM BEACH GARENS, FL 33418		_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languatranslation of the certificate under oath of the translator must be submitted.)		cords in
11. Nature of business or purposes to be conducted or promoted in Florida:		_
EXERCISE STUDIO		~ ·
EXERCISE STUDIO XUL BATTUCK		
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. I am aware that any false information submitted in	a	
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.		
JIL BOTNICE		

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.

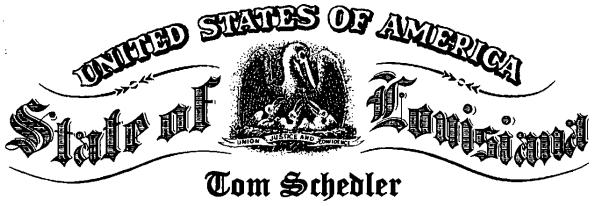
1. The name of t	he Limited Liability Com	pany is:				
	PERFECTLY	CONTOURED	BODIES, LLC			
If unavailable, th	e alternate to be used in th	ne state of Florida is:				
2. The name and	the Florida street address	of the registered ag	ent and office are:			
	JILL BOTNICK					
-	(Name)					
-		RANGE HIBIS dress (P.O. Box <u>NOT</u> A				
-	FALM BEACH GAN	Cfly/State/Zip	341B			

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.

Jee Batrich (Signature)

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

SECRETARY OF STATE
SIVISION OF CORPORATIONS
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SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

PERFECTLY CONTOURED BODIES, L.L.C.

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on September 02, 1999,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 4, 2011

Certificate ID: 10190230#7QK73

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

JWWWWZ Secretary of State Neb 34834686K