Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone

: (845)425-0077

Fax Number

: (845)018-3588

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

Emmil Address:

Foreign Limited Liability Company Body Shapez Ventures LLC

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

Electronic Filing Menu

Corporate Filing Menu

DCT 1 8 2011

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:

- The name of the Foreign Limited Liability Company is: Body Shapez Ventures LLC
 If name unavailable, the alternate name to be used in the state of Florida is:
- 2. The jurisdiction under the law of which foreign limited liability company is organized is: Delaware. (FEI Number, if applicable)
- 4. The Date of Organization is: 02-17-2011.
- 5. The Company shall have perpetual duration.
- 6. The Corporation will begin transacting business in Florida only after registration.
- 7. The address within of the principal office is:

11 Manor Lane Lawrence NY 11559

- 9. The name and address of the member is as follows:

Jonathan Kestenbaum 11 Manor Lane Lawrence NY 11559

- 11. 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.
- 12. The nature of the business or purposes to be conducted or promoted in Florida is: Any lawful activity.

Authorized Representative

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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: Body Shapez Ventures LLC
- 2. The name and the Florida street address of the registered agent and office are:

Vcorp Services, LLC 5011 South State Road 7, Suite 106 Davie, Florida 33314

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.

(Signature)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BODY SHAPES VENTURES 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BODY SHAPES VENTURES LLC" WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY,

A.D. 2011.

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

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You may varify this cortificate online at corp. deleware. gov/authver. shtml

Jaffrey W. Bullock, Secretary of State

DATE: 09-16-11