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(((H12000292387 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: MILAM HOWARD, ET.AL. Account Name

Account Number: I2000000206 Phone : (904)357-3660 Fax Number : (904)357-3661

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

Foreign Limited Liability Company Fluidity Gym, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | , 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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DEC 14 2012

EXAMINER

H12000292387 3

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. | Fluidity Gym, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
|-----|---|--|
| CO | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Impany," "L.L.C," "LLC.") | |
| | Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) | |
| 4. | December 10, 2012 (Date of Organization) 5. perpetual (Duration: Year limited liability company; will cease to exist or "perpetual") | |
| 6. | December 10, 2012 | |
| 7 | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 870 N. Miramar Avenue, Suite 237 | |
| /. | Indialantic, Florida 32903 | |
| 8. | (Street Address of Principal Office) If limited liability company is a manager-managed company, check here | |
| 9, | 9. The name and usual business addresses of the managing members or managers are as follows: | |
| | Michelle Austin, 870 N. Miramar Ave. #237, Indialantic, FL 32903 | |
| | | |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under eath of the translator must be submitted.) | |
| 11 | Nature of business or purposes to be conducted or promoted in Florida: Marketing and promotion of Fluidity products | |
| | folloff - | |
| | (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.S.) G. Alan Howard | |

CERTIFICATE OF DESIGNATION OFH12000292387 3 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.

| STATE OF FLORIDA. | |
|-------------------|--|
| | of the Limited Liability Company is: Gym, LLC |
| If unavailable | , the alternate to be used in the state of Florida is: |
| 2. The name | and the Florida street address of the registered agent and office are: |
| | Milam Howard Nicandri Dees & Gillam, P.A. |
| | (Name) |
| | 14 East Bay Street |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) |

Jacksonville FL 32202

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)

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FLUIDITY GYM, 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 ELEVENTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLUIDITY GYM, LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2012.

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

5256087 8300

121320239

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 0052785

DATE: 12-11-12

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