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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2013

GINA LEE 2880 PINE TREE DRIVE #2 MIAMI BEACH, FL 33140

SUBJECT: ELITE WORLD HEALTH, LLC

Ref. Number: W13000038850



We have received your document for ELITE WORLD HEALTH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 913A00016799

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporation

Elite World Health, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and 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:

·		
Gina L	ee	<b>20</b>
	Name of Person	ZOES JULI FAIL AHA
Elite W	orld Health, LLC	HASS
, ;;i	Firm/Company	100 mg = 1
2880 F	Pine Tree Drive #2	25 <b>P</b>
	Address	्रांचा इंग्रेस
Miami	Beach, FL 33140	
<del>,</del>	City/State and Zip Code	
elitewo	rldhealth@gmail.com	
	E-mail address: (to be used for future annual report no	ofification)
For further information concerns	ing this matter, please call:	·
Gina Lee	<sub>at</sub> 615 \ 42	9-5875
Namo	e of Person : Area Code & Daytime Telepho	one Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, Fl. 32314		·
Enclosed is a check for the ■ \$125.00 Filing Fee	following amount:  \$\Boxed{\Boxesia} \text{S130.00 Filing Fee & Barris Certified Conv.} \tag{Certified Conv.}	

## ÄPPLICATION 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:

	ny: must include "Limited Liability Company," "L.1C., for the purpose of transacting business in Florida and at	
	opting the alternate name. The alternate name must inclu	
<sub>2.</sub> Delaware	ted liability 3. 46-288 0196 (FEI number, if applicab	
(Jurisdiction under the law of which foreign limit company is organized)	ted liability (FEI number, if applicab	le)
4. 6/4/2013 (Date of Organization)	5. Perpetual (Duration: Year limited liability com	nany will assure to
(Date of Organization)	exist or "perpetual")	pany will cease to
6.		<b>201:</b>
(Date first transacted b (See sections 608.501 &	ousiness in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)	
<sub>7.</sub> 2880 Pine Tree Drive #2	2	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Miami Beach, FL 33140	)	
(S	treet Address of Principal Office)	SS P
8. If limited liability company is a manage	er-managed company, check here 🖪	<b>5</b>
9. The name and usual business addresses	of the managing members or managers are as	follows:
Gina Lee, 2880 Pine Tr	ee Drive #2, Miami Beach, f	FL 33140
Brittany Gonzalez, 2880 Pine	Tree Drive #2, Miami Beach, FL 331	140
the jurisdiction under the law of which it is organized translation of the certificate under oath of the translate	·	foreign language, a
11. Nature of business or purposes to be co	onducted or promoted in Florida: health concid	erge services
- Conaki	1/	·
Signature of a memb	ber or an authorized representative of a member	— er.

Gina Lee

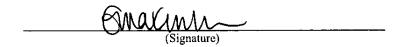
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

# 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.

	f the Limited Liability Company is: Orld Health, LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	nd the Florida street address of the registered agent and office are:	2813 JUL 19
	Gina Lee	MI 19
	(Name)	SEETH
	2880 Pine Tree Drive #2	(co ±1 <b>10</b> €
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Miami Beach <sub>FL</sub> 33140	
	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.



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

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELITE WORLD HEALTH 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 JULY, A.D. 2013.

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

5346039 8300

130881866

AUTHENTY CATION: 0590009

DATE: 07-16-13

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