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FEB - 5 2014

T. BROWN

#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PC Beach Fitness, 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:
Angela W. Coates
Name of Person
Bingham Greenebaum Doll LLP
Firm/Company
300 W. Vine Street, Suite 1100
Address
Lexington, KY 40507
City/State and Zip Code
acoates@bgdlegal.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angela W. Coates 288-4605
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Pi\$ \$125.00 Filing Fee \$\Pi\$ \$130.00 Filing Fee & \$\Pi\$ \$155.00 Filing Fee & \$\Pi\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy  \$\Pi\$ \$125.00 Filing Fee & \$\Pi\$ \$130.00 Filing Fee & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PC Beach Fitness, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limite iability Company," "L.L.C," or "LLC.")	ed
Kentucky	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	0
្រ 1056 Wellington Way, Suite 190	
Lexington, KY 40513	17
(Street Address of Principal Office)	0
·	<b>}</b>
	در در
(Malling Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
One.23 Fitness Holdings, LLC, sole Member, by Royce G. Pulliam, its Manager	
I056 Wellington Way, Suite 190	
exington, KY 40513	
. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offic aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	
ecceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translatust be submitted)	ator
R. P.	
Signature of an authorized person	

(In accordance with section 605.0203, 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.)

Royce G. Pulliam, Manager of One.23 Fitness Holdings, LLC, sole Member

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	of the Limited Liability	Company is:	
PC Bead	ch Fitness, LL	.C	
If unavailable,	the alternate to be used	in the state of Florida is:	
2. The name a	nd the Florida street ad	dress of the registered agent and office are:	
Capitol Corporate Services, Inc.			
	-	(Name)	
	155 Office P	Plaza Dr., Ste A	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	
		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 605, Florida Statutes.

Octanie Case asst. sec. (Signature)

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

### Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number: 147380

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

## PC BEACH FITNESS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is January 22, 2014 and whose period of duration is perpetual. A

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 28th day of January, 2014, in the 222nd year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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