

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6303

Firom:

Account Name : HARVARD BUSINESS SERVICES, INC

Account Number : I20080000045

Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: christopher.metzler@gmail.com

#### Foreign Limited Liability Company Fitness, Health and Wellness Squared, LLC

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December 19, 2014

#### FLORIDA DEPARTMENT OF STATE

HARVARD BUSINESS SERVICES, INC. Division of Corporations

SUBJECT: FITNESS, HEALTH AND WELLNESS SQUARED, LLC

REF: W14000075490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H14000292235 Letter Number: 914A00026907

RECEIVED

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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# 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 Fitness, Health and Wellness Squared, LLC (Same of Foreign Limited Liability Company) must include "Limited Liability Company," (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LI,C,") Delaware (Jurisdiction under the law of which foreign limited liability (FET number, d'applicable) (Date first transacted business in Florida, if putor to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penulty liability) 4047 Okeechobee Blvd. Suite 217 West Palm Beach, FL 33409 (Street Address of Principal Office) 4047 Okeechobee Blvd. Suite 217 West Palm Beach, FL 33409 (Muiling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Dr. Christopher Metzler, PHD 4047 Okeechobee Blvd. Suite 217 West Palm Beach, FL 33409 Managing Member 8. 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (in accordance with section 603-9203, U.S., the execution of this document constitutes an affirmation under the penalties of perfuty that the facts stated herein are true, 4 are divided that any false information submitted in a document to the Department of State constitutes a third degree follow as provided for in \$.817,155, F.S.)

Dr. Christopher Metzler, PHD

Typed or printed name of signee

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 on 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.

	Health and Wellness Squared, LLC
If unavailable, ti	ne alternate to be used in the state of Florida is:
2. The name and	I the Florida street address of the registered agent and office are:
	Dr. Christopher Metzler, PHD
	(Name)
	4047 Okeechobee Blvd. Suite 217
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	West Palm Beach 33409
	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 stantes 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.

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

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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 "FITNESS, HEALTH AND WELLNESS
SQUARED, 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 EIGHTEENTH DAY
OF DECEMBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FITNESS,
HEALTH AND WELLNESS SQUARED, LLC" WAS FORMED ON THE TWELFTH DAY
OF DECEMBER, A.D. 2014.

5656690 8300

141556733

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

Jeffiey W. Bullock, Secretary of State

AUTHENTY CATION: 1972078

DATE: 12-18-14