

MIS000063904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

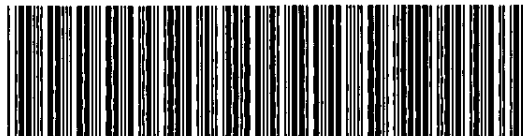
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/15--01015--002 **160.00

FILED
15 MAY 13 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PHYLLIS M. TODORO

ATTORNEY AT LAW

P.O. Box 544 • 2340 BOWEN ROAD • ELMA, NY 14059 • PHONE: 716.652.0061 • FAX: 716.652.3512

May 4, 2015

Division of Corporations
Registration Section
P.O. Box 6237
Tallahassee, Florida 32314

RE: EXCEPTIONAL VILATITY, LLC

Dear Sir/Madam:

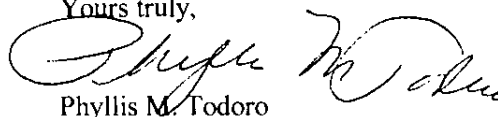
Please be advised that I represent Exceptional Vitality, LLC., a Delaware Limited Liability Corporation, which is in the process of registering with the Department of State in Florida.

Enclosed please find the following documents:

1. Cover letter;
2. Application to transact business within the State of Florida;
3. Certified copy of corporate existence;
4. Certificate of designation of registered agent;
5. State of Delaware certificate of formation; and
6. My attorney's check made payable to the Division of Corporations in the amount of \$ 160.00, covering the costs of the filing fee, a certificate of status and a certified copy.

Should you require anything further please contact my office, or email me at phyllistodoro@roadrunner.com. Thank you for your assistance in this matter.

Yours truly,



Phyllis M. Todoro

Encs.
PMT/mt
Cc: Exceptional Vitality, LLC.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXCEPTIONAL VITALITY, 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:

Peter J. Todoro, Managing Member

Name of Person

EXCEPTIONAL VITALITY, LLC

Firm/Company

100 Stoneridge Ln., Elma, NY 14059

Address

City/State and Zip Code

ptodoro@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter J. Todoro

Name of Contact Person

at (716) 912-4231

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & 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:*

1. EXCEPTIONAL VITALITY, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

2. Delaware 3. Fed ID # 30-0869992
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. none
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
100 Stoneridge Ln., Elma, NY 14059
(Street Address of Principal Office)

6. 100 Stoneridge Ln., Elma, NY 14059
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Peter J. Todoro, 100 Stoneridge Ln., Elma, NY 14059
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 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.)

Peter J. Todoro

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXCEPTIONAL VITALITY, 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 TWENTY-NINTH DAY OF APRIL, A.D. 2015.

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 "EXCEPTIONAL VITALITY, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2015.

FILED
15 MAY 13 AM 7:52
SECRETARY OF STATE
DELAWARE

5733614 8300

150584223



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2333091

DATE: 04-29-15

**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 the Limited Liability Company is:

EXCEPTIONAL VITALITY, 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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

32301

FL

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.

Corporation Service Company

By: 

(Signature)

Peter J. Todoro

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

FILED
JAN 13 AM 7:52
CLERK OF STATE
TALLAHASSEE, FLORIDA