# Pussonmin 1918

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300284273313

04/06/16--01003--019 \*\*125.00

SHETICIEREY OF FILING TOUGHDAY OF THE THE THE THE THE 16 APR - 6 PM 3: 04

BIG APR -6 A B ST

APR 0 7 2016

**3 MASON** 

### · CORPORATE

1.

-	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1				
WALK IN					
	PICK UP: 46-14				
	CERTIFIED COPY				
X	РНОТОСОРУ				
	cus				
<b>Ş</b> I	filing foreign				
_	Men's Welhess Center, LLC (CORPORATE NAME AND DOCUMENT #)				
_	(CORPORATE NAME AND DOCUMENT #)				
_	(CORPORATE NAME AND DOCUMENT #)				
_	(CORPORATE NAME AND DOCUMENT #)				
_	(CORPORATE NAME AND DOCUMENT #)				
_	(CORPORATE NAME AND DOCUMENT #)				

### 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. Men's Wellness					
(Name of Fore	ign Limited Liability Company; must in	nclude "Limited l	Liability Company,""	L.L.C.," or "LLC.")	<del></del>
Liability Company," "L.L.C,"	Iternate name adopted for the purpose o	of transacting bus	iness in Florida. The	alternate name must	nclude "Limited
<sub>2.</sub> Virginia		3.	47-3587432		
(Jurisdiction under the law company is organized)	of which foreign limited liability	_ J.	(FEI numbe	r, if applicable)	
4. Upon appro					
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if pri	or to registration.) mine penalty liability)		The state of the s
<sub>5.</sub> 2504 Build A	America Dr.				
Hampton, V					
	(Street Adda	ress of Principal	Office)		
6					
	(Mi	ailing Address)	-		
7. The name, title or	capacity and address of the po	erson(s) who	has/have author	rity to manage is	:/are:
	nager - 2504 Build Ai	` -		•	
TOTT WING, WA	lager - 2004 Dalla Al	mença D	1. Hampton	, 17 2000	<del>,</del>
Marcus E. Howe	erton, Manager - 2504	Build Am	nerica Dr. Ha	ampton, VA	23666
			H-11111-11-11-11-11-11-11-11-11-11-11-11		
***	AND THE PARTY OF T				
8. Attached is an origi	inal certificate of existence, no	o more than	90 days old, dul	v authenticated l	ov the official
	ords in the jurisdiction under				
-	ificate is in a foreign language	e, a translatio	n of the certifica	ite under oath o	the translator
must be submitted)				, n.:	<b>.</b>
			>	- 14 <b>=</b>	r 1
	0 7			<u> </u>	, 1
	Signature o	f an authoriz	ed person	£o.⊁t	1
(In accordance with section 605, am aware that any false informat	.0203, F.S., the execution of this document of the Department to D	constitutes an affin	mation under the penalti	es of perjury that the tall	its stated herein are true
	TOM	MI	, -	FSI	
	Typed or prin				F. S. F. F. S. F. S. F. F. F. S. F. F. F. S. F.

#### 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

MENS WELLNESS CENTERS, LLC	
1. The name of the Limited Liability Company is:	
AGENT IN THE STATE OF PLORIDA:	
AGENT IN THE STATE OF FLORIDA:	

2. The name and the Florida street address of the registered agent and office are:

If unavailable, the alternate to be used in the state of Florida is:

REGISTERED AGENT SOLUTIONS, INC.					
	(Name)				
155 Office Plaza Dr. Suite 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.

Jaclyn Wright, Asst. Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agen

Certified Copy (optional) \$ 30.00

Certificate of Status (optional) 5.00

## Commonbrealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Men's Wellness Centers, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is March 26, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: April 6, 2016

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1604065753