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TALL SECULIAR SECULIA

J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Metabolic Intelligence, LLC	
SOBOL		Limited Liability Company
		pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter to the	following:
	Diana Baczewski	
	N	dame of Person
	BodyLogicMD Franchise Corp	
	F	irm/Company
	5000 T-Rex Ave., Suite 200	
		Address
	Boca Raton, FL 33431	
	City/S	State and Zip Code
	dbaczewski@bodylogicmd.com	
	E-mail address: (to be use	d for future annual report notification)
For furt	her information concerning this matter, please call:	
	Diana Baczewski	888 406-5430 at ()
	Name of Contact Person	at () 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
Enclose	d is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy





May 12, 2016

DIANA BACZEWSKI BODYLOGICMD FRANCHISE CORP 5000 T-REX AVE, SUITE 200 BOCA RATON, FL 33431

SUBJECT: METABOLIC INTELLIGENCE, LLC

Ref. Number: W16000035156

We have received your document for METABOLIC INTELLIGENCE, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00010098



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:

	eign Limited Liability Company; must in	clude "Limited Lia	bility Company," "L.L.C.," o	r "LLC.")
If name unavailable, enter a iability Company," "L.L.C,	Iternate name adopted for the purpose of " or "LLC.")	transacting busines	s in Florida. The alternate na	me must include "Limited
Delaware		35-2559660		
	of which foreign limited liability	J	(FEI number, if applicable	:)
April 8, 2016				
· <u> </u>	(Date first transacted business in (See sections 605.0904 & 605.090	n Florida, if prior to	registration.)	
5. 5000 T-Rex Ave., Suit	te 200, Boca Raton, FL 33431	o, i .o. to determine	c penanty natinity;	
) .	<u> </u>			
	(Street Address of Princ	cinal Office)		-
5000 T-Rex Ave., Suite	e 200, Boca Raton, FL 33431	o.p.a. O.moo,	• ,	
				_
-	(Mailing Add	ress)		- As -
Name and street address	ss of Florida registered agent: (P.O. 1		ahle)	6 M
	Yvonne Grassie	Box <u>NOT</u> accept	uoie)	
Name:			<u>.</u>	35 5
Office Address:	5000 T-Rex Ave., Suite 200		_	
	Boca Raton		_ , Florida <u>33431</u>	⊕ 6 ()
				—
Registered agent's accep			(Zip code)	8: 13
Having been named as re lesignated in this applica o complywith the provision	tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the pro- my position an registered agent.	nt as registered a	e above stated limited liab gent and agree to act in th	ility company at the place is capacity. I further agre
Having been named as re lesignated in this applica o complywith the provision accept the obligations of t	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prop my position an registered agent. (Registered	nt as registered a per and complete 	e above stated limited liab gent and agree to act in th performance of my dutie	ility company at the place is capacity. I further agre
Having been named as relesignated in this applica ocomplywith the provision occept the obligations of the same, title or capa	tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the pro- my position an registered agent.	nt as registered a per and complete agent's signature) o has/have author	e above stated limited liab gent and agree to act in the performance of my dutie ity to manage is/are:	ility company at the place is capacity. I further agre
Having been named as relesignated in this applicate of complywith the provision country the obligations of the obligations of the obligations of the name, title or capa Richard Casey & Patrick	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- my position as registered agent. (Registered active and address of the person(s) who	nt as registered aper and complete agent's signature) o has/have author Suite 200, Boca	e above stated limited liab gent and agree to act in the performance of my dutie ity to manage is/are:	ility company at the place is capacity. I further agre
Having been named as relesignated in this applicate complywith the provision comply the obligations of the obligations of the latest the name, title or capa Richard Casey & Patrick Lames LaValle: Manager-	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statuted relative to the pro- my position and egistered agent. (Registered acity and address of the person(s) who Savage: Manager- 5000 T-Rex Ave.,	nt as registered aper and complete and complete agent's signature) o has/have author, Suite 200, Boca	e above stated limited liab gent and agree to act in the performance of my dutie ity to manage is/are:	ility company at the place is capacity. I further agre
Having been named as relesignated in this applica to complywith the provision accept the obligations of the complywith the provision accept the obligations of the complex that	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statuted relative to the property my position as registered agent. (Registered acity and address of the person(s) who Savage: Manager- 5000 T-Rex Ave., 22141 Richford Dr., Lake Forest, C. 478 River Bend Rd., Great Falls, VA of existence, no more than 90 days of of which it is organized. (If the certif	nt as registered aper and complete agent's signature) o has/have author Suite 200, Boca A 92630 22066	e above stated limited liab gent and agree to act in the performance of my dutie ity to manage is/are: Raton, FL 33431	custody of records in the

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Patrick Savage

Page 1

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "METABOLIC INTELLIGENCE, 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 TWENTIETH DAY OF MAY, A.D. 2016.

Authentication: 202358942

Date: 05-20-16

6011647 8300 SR# 20163509951