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	gistration Section vision of Corporation	15					
SUBJECT:	Fountain of Youth M						
AUDJECT.		Name of Limited Liability Company					
The enclose Existence, a	d "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorize raced foreign limit	ion to Tra ed liability	nsact Business in Florida," Certif company to transact business in	icate of Flo ri da.	
Please retur	n all correspondence c	oncerning this matter to the	following:				
	George Hough						
		N _i	ime of Person				
	Pro Active Law						
	Firm/Company						
	901 SW Martin Downs Blvd Suite 316						
Address							
	Palm City, FL 3	4990					
		City/S	tate and Zip Code				
	info@drviggiano						
		E-mail address: (to be used	for finure annual	report not	incation)		
For further	nformation concerning	g this matter, please call:		1.	222		
Ge	orge Hough		772 at (221- 150	;		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Di Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding cutive Center Circle ce, FL 32301		
	a check for the follow \$125,00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Centificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certifier of Status & Certified Copy	ne	



March 20, 2018

GEORGE HOUGH 901 SW MARTIN DOWNS BLVD SUITE 316 PALM CITY, FL 34990

SUBJECT: FOUNTAIN OF YOUTH MANAGEMENT, LLC

Ref. Number: W18000026921

We have received your document for FOUNTAIN OF YOUTH MANAGEMENT, 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.

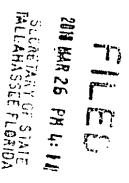
Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 218A00005619





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

IN COMPLIANCE WITH SECTION (18,000), FLORIDA STATUTES, THE FOLLOWING IS SUBSTITIED TO RECEISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL 1. Fountain of Youth Management, LLC (Name of Foreign Limited Flability Company; must include "Limited Liability Company," "LL,C,," or "LLC.") If name unavailable, error afternoon name adapted for the purpose of transacting houses in Florida. The alternate raine trans include "Lainted Liability Company," "L.L.C." or "LLC" of "LLC" or "LLC" of "LLC" or 3. 46-3679748 2 Anchorage, AK (El ember, if appheable) Hurodiction under the law of which foreign limited liability company is ungarized) March 7, 2018 (Dute first immacted business in Florida, if prior to registration.) Once sections edd 0900 & 615 0405, F.S. to determine positive busines). 6. 1231 W Northern Lights Blvd 911 5. 1231W Northern Lights Blvd 911 (Making Address) (Street Address of Principal Office) Anchorage, AK 99503 Anchorage, AK 99503 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) George Hough Name: 901 SW Martin Down Blvd Suite 316 Office Address: Palm City Registered agent's acceptance: 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 application, 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 relative to the proper and Samplete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Copacity: Kimberley Viggiano AR 925 NE Stokes Ter Jensen Beach, FL 3 Donato Viggiano AR 925 NE Stokes Ter Jensen Beach, FL 3495 (Use annehments if necessary) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. Lam 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. Signature of an matternact person

Alaska Entity #10015045

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Fountain of Youth Management, LLC

This entity was formed on August 30, 2013 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective March 23, 2018.

Mike Navarre Commissioner

Wile Marane