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COVER LETTER

		ation Section n of Corporation	s				
SUBJEC		R H FITNESS PA	ARKER, LLC				
SOBJEC			Name of I	Limited Liability C	ompany		
The enclo Existence	osed "A :. and cl	pplication by For- neck are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat need foreign limite	ion to Tra d liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida.
Please ret	turn all	correspondence c	oncerning this matter to the	tollowing:			
		HENRY N. DIO	CK, III				
			N	ime of Person			
		PAGE, MANN	INO, PERESICH & McDEF	RMOTT, PLLC			
	Firm/Company						
•		759 VIEUX M.	ARCHE MALL				
				Address			
		BILOXI, MS 3	9530				
			City/8	tate and Zip Code			
•		MYPLANETFIT	NESS@YAHOO.COM				
			E-mail address: (to be used	I for future annual	report not	ification)	
For furthe	er infor	mation concernin	g this matter, please call:				
	AMAN	SDA M. BEARD		228 at (374-21		
-		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	
		eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Cop	

PAGE, MANNINO, PERESICH & McDERMOTT

A PROFESSIONAL LIMITED LIABILITY COMPANY

ATTORNEYS AT LAW

759 VIEUX MARCHÉ MALL (39530) . P.O. DRAWER 289
BILONI, MISSISSIPPI 39533
TELEPHONE: (228) 374-2100
FACSIMILE: (228) 432-5539

WEBSITE: www.pmp.org
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JOHANNA M MCMULLAN'
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JENNIFER M YOUNG'
MICHAEL B MCDERMOTT, JR

JACKSON OFFICE 460 BRIARWOOD DR , SUITE 415 (39206) P O BOX 16450 JACKSON, MISSISSIPPI 39236 TELEPHONE (601) 896-0114 FACSIMILE (601) 896-0145

August 8, 2018

Also admitted in Louisiana

WILLIAM V WESTBROOK, III

LYLE M PAGE (1932 - 2011)

RONALD G PERESICH 3

STEPHEN G. PERESICH

MICHAEL B MCDERMOTT

MICHAEL E WHITEHEAD

HENRY N. DICK, III

LES W SMITH

W MARK EDWARDS

RON PERESICH, JR.

MARY W VAN SLYKE?

COWLES E SYMMES

NATHAN L PRESCOTT '

RANDI P MUELLER 1

TERE RICHARDSON STEEL

- 2 Also Admitted in Tennessee
- 3 Also Admitted in Arkansas & Georgia
- 4 Also Admitted in Alabama, Arkansas & Georgia

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

RE: Dissolution of R & H Fitness Parker, LLC, a Florida limited liability company

Dear Sir or Madam:

We represent R & H Fitness Parker, LLC, a Florida limited liability company (the "Company"). The Company is associated with Document Number L14000147514. Enclosed herewith are completed Articles of Dissolution for a Limited Liability Company to be filed with the express intent of voluntarily dissolving the Company. The members of the Company have no intention of revoking the dissolution at any point in the future. On behalf of the Company and its members, we hereby authorize you to make the name "R & H Fitness Parker, LLC" available for use.

With kindest personal regards, I am,

Very truly yours,

PAGE, MANNINO, PERESICH & McDERMOTT, P.L.L.C.

Amanda M. Beard, Esq.

Enclosures

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

IN COMPLIANCE WITH SECTION 695/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iame unavailable, enter alternate na	ime adopted for the purpose of transacting business in F	Florida. The afternate name must include "Limited Lia	ibility Company, "L.L.C., of "LLC.)
MISSISSIPPI		3	ber, if applicable)
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	(1 [1 (16))	ser, a apprenous)
9/22/2014 - under Docu	ument Number L14000147514 (Exem	pt from Penalties)	
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration.) imme penalty liability)	
208 S. TYNDALL PAI	RKWAY	6. 208 S. TYNDALL PARK	WAY
(Street Address of P	uncipal Office)	PARKER, FL 32404	diess) co
PARKER, FL 32404		PARKEN, 16 5240	
Name and <u>street_addres</u>	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	CHRIS K. RAINS		ب نیز
	208 S. TYNDALL PARKWAY		610 M 7: 49
Office Address:	200 5.777		س ب
	PARKER	Florida 32404 (Zip co	wiet
gistered agent's accep	(City)	(17)	ac,
comply with the provisi d accept the obligation	ions of all st unces relative to the prop is of my position as <u>registered agent.</u>	tox-registered agent and agree to acorder and complete performance of my	duties, and I am familiar
comply with the provisi ad accept the obligation.	s of my position as registered agent	per and complete performance of my	duties, and I am familiar
ad accept the obligation.	s of my position as registered agent. (Registered agent	oer and complete performance of my	· duties, and I am Jamiliar
nd accept the obligation. The name, title or cap:	acity and address of the person(s) who	has/have authority to manage is/are:	· duties, and I am Jamiliar
The name, title or capa	(Registered agent) acity and address of the person(s) who Name and Address:	oer and complete performance of my	· duties, and I am Jamiliar
nd accept the obligation. The name, title or cap:	acity and address of the person(s) who Name and Address: CHRIS K. RAINS	has/have authority to manage is/are:	· duties, and I am Jamiliar
The name, title or capa	(Registered agent) acity and address of the person(s) who Name and Address:	has/have authority to manage is/are:	· duties, and I am Jamiliar
The name, title or capa	acity and address of the person(s) who Name and Address: CHRIS K. RAINS 2318 PASS ROAD	has/have authority to manage is/are:	· duties, and I am Jamiliar
The name, title or capa	acity and address of the person(s) who Name and Address: CHRIS K. RAINS 2318 PASS ROAD BILOXI, MS 39531 BRIAN L. HUNT	has/have authority to manage is/are:	· duties, and I am Jamiliar
d accept the obligation. The name, title or caps Title or Capacity: MEMBER	acity and address of the person(s) who Name and Address: CHRIS K. RAINS 2318 PASS ROAD BILOXI, MS 39531	has/have authority to manage is/are:	· duties, and I am Jamiliar
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d accept the obligation. The name, title or capa Title or Capacity: MEMBER MEMBER	acity and address of the person(s) who Name and Address: CHRIS K. RAINS 2318 PASS ROAD BILOXI, MS 39531 BRIAN L. HUNT 107 SEA GLASS LOOP OCEAN SPRINGS, MS 39	has/have authority to manage is/are: Title or Capacity:	Name and Address:
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Exped or printed name of signee



Delbert Hosemann Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I. C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

R & H FITNESS PARKER LLC

Registered the 4th day of August, 2014

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2318 Pass Road Biloxi, MS 39531

And that the registered agent at that address is:

Rains, Chris

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 3rd day of August, 2018

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN18055388

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx