

Filing Fee: \$50.00

ID Number: 395718



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 15 AM 10:41

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is AQUILA FITNESS CONSULTING SYSTEMS, LTD.
2. It is incorporated under the laws of DELAWARE
3. It is not transacting business in the state of Rhode Island.
4. It hereby surrenders its authority to transact business in the state of Rhode Island.
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.
6. The post office address to which the Secretary of State may mail a copy of any process against the corporation that is served on the Secretary of State: 1221 Brickell Avenue, Suite 1060 Miami, FL 33131
7. As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes.
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.
9. This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6/14/2016

10:41 AM
FILED

JUN 15 2016

By 276707 KM

Signature of Authorized Officer of the Corporation

I YVAN MIKLIN, PRESIDENT & CEO

Type or Print Name of Authorized Officer

ID# 395718



STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

YVAN MIKLIN
% AQUILA FITNESS CONSULTING SYSTEMS, LTD.
1221 BRICKELL AVE STE 1060
MIAMI, FL 33131-3258

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 15 AM 10:42

LETTER OF GOOD STANDING

It appears from our records that **AQUILA FITNESS CONSULTING SYSTEMS, LTD.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **AQUILA FITNESS CONSULTING SYSTEMS, LTD.** is in good standing with the Rhode Island Division of Taxation as of **05/26/2016**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

WITHDRAWAL FOR SECRETARY OF STATE

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

A handwritten signature in black ink, appearing to read "Neena Savage".

Neena Savage
Acting Tax Administrator

A handwritten signature in black ink, appearing to read "Cheri O'Connor".

Cheri O'Connor
Supervising Revenue Officer
Compliance and Collections

233048158:11458923
DLN: 1246380001



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

