

M180000000638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

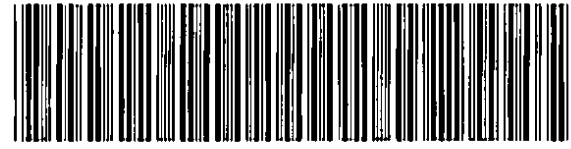
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
RA Sign W17-96293  
Cert

Office Use Only



400306229934

12/01/17--01015--014 \*\*125.00

FILED  
18 JAN 19 PM 4: 01  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

S. WARREN  
JAN 22 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2017

ALEXANDER JARBOE  
3965 MOOREHEAD AVE  
BOULDER, CO 80305

SUBJECT: CHOMP, SWAMP, & SWEAT LLC  
Ref. Number: W17000096293

We have received your document for CHOMP, SWAMP, & SWEAT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 your document, along with 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 517A00024510

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chomp, Swamp, & Sweat LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alexander Jarboe  
Name of Person  
Yoga Pod  
Firm/Company  
3965 Moorhead Ave  
Address  
Boulder, CO 80305  
City/State and Zip Code  
alex@yogapod.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Jarboe 215 3843382  
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

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Chomp, Swamp, & Sweat LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado (Jurisdiction under the law of which foreign limited liability company is organized)      3. \_\_\_\_\_ (FEI number, if applicable)

4. \_\_\_\_\_ (Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 3965 Moorhead Ave (Street Address of Principal Office)      6. 3965 Moorhead Ave (Mailing Address)  
Boulder, CO 80305      Boulder, CO 80305

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alex Jarboe  
 Office Address: 3045 SW 34th St Ste 22  
Gainesville, Florida 32608  
(City) (Zip code)

FILED  
 18 JAN 19 PM 4:01  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
 \_\_\_\_\_  
(Registered agent's signature)

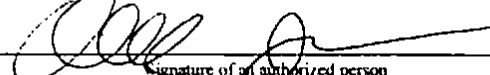
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Alex Jarboe</u> <u>3965 Moorhead Ave</u> <u>Boulder CO 80305</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, not 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 oath of the translator must be submitted)

10. 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.

  
 \_\_\_\_\_  
Signature of an authorized person  
Alex Jarboe  
 \_\_\_\_\_  
Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Chomp, Swamp, & Sweat LLC

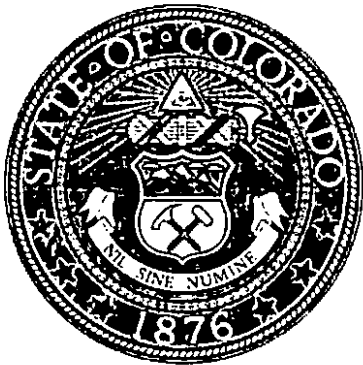
is a

Limited Liability Company

formed or registered on 06/20/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171470046 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/12/2018 that have been posted, and by documents delivered to this office electronically through 01/16/2018 @ 19:09:37 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/16/2018 @ 19:09:37 in accordance with applicable law. This certificate is assigned Confirmation Number 10659956 .



A handwritten signature in black ink, reading "Wayne W. Williams".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*