1800003548

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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Y SULKER

APR 1 2 2018



April 3, 2018

ZIPORAH JANOWSKI 134 TEATOWN ROAD CROTON ON HUDSON, NY 10520

SUBJECT: SHANE FIT LLC Ref. Number: W18000022788

We have received your document for SHANE FIT 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):

Please accept our apology for failing to mention this in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 518A00004747

RECEIVED

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CEMARTMENT OF STATISTICS OF CORPORATE

COVER LETTER

TO:	Registration Section Division of Corporation	ns			
SUBJ	Shane Fit LLC				
. 1 () [1 ()		Name of	Limited Liability C	ompany	
The er Existe	nclosed "Application by Fo nce, and check are submitte	reign Limited Liability Comped to register the above refer	pany for Authorizat enced foreign limite	ion to Tra ed liability	ansact Business in Florida," Certificate of y company to transact business in Florida
Please	return all correspondence	concerning this matter to the	following:		
	Ziporah Janow	ski			
		N	ame of Person		· ·
	Shane Camps &	& Resorts			
		F	irm/Company		
	134 Teatown R	toad			
	-, ,,,		Address		
	Croton on Hud	son, NY 10520			
		City/S	tate and Zip Code		
	ziporah@campsl	nane.com			
		E-mail address: (to be use	d for future annual	report not	ification)
For fu	rther information concerning	ng this matter, please call:			
	Ziporah Janowski		914 at (271-414	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrate Clifton B 2061 Exc	CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301
Enclos	sed is a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$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 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		mited Liability Company," "L L C.," or "LUC."	
If name unavailable, enter alternate na	me adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limited I.	ability Company," "L.L.C," or "LLC," o
2 Delaware		3 01-0919753	
(lurisdiction under the law of wh	ich foreign limited liability company is organized)		nber, it applicable)
4. Not Applicable			
	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605 0905, F.S. to det	termine penalty liability)	
5 134 Teatown Road		6. 134 Teatown Road	
(Street Address of Pr Croton on Hudson, NY		Croton on Hudson, NY 10	
7. Name and <u>street addres.</u> Name:	s of Florida registered agent: (P.O. E Samuel Ettenberg	Box <u>NOT</u> acceptable)	
Office Address:	900 West Avenue		
	Miami Beach	, Florida 33139	
	(City)	(Zip c	ode)
aesignaica in inis appacia vo zomolo with the provisi	ons of all statutes relative to the proj	nt as registered agent and agree to ac oper and complete performance of m	ed liability company at the place of in this capacity. I further agree of duties, and I am familiar with
to comply with the provisi	ons of all statutes relative to the prop of my position as registered agent.	per and complete performance of m	rt in this capacity. I Jurguer agree
to comply with the provision and accept the obligations	ons of all statutes relative to the project of my position as registered agent. Samuel titing (Registered age)	per and complete performance of m	of in this capacity. I further agree of duties, and I am familiar with
to comply with the provisionand accept the obligations 8. The name, title or capa	ons of all statutes relative to the project of my position as registered agent. Samuel Ettens (Registered agencity and address of the person(s) who	per and complete performance of m	of in this capacity. I further agree of duties, and I am familiar with
to comply with the provisional accept the obligations 8. The name, title or capa Title or Capacity:	city and address of the person(s) who	oper and complete performance of measures o has/have authority to manage is/are: Title or Capacity:	Name and Address:
to comply with the provisionand accept the obligations 8. The name, title or capa	ons of all statutes relative to the project of my position as registered agent. Samuel Ettens (Registered agencity and address of the person(s) who	o has/have authority to manage is/are: Title or Capacity: Vice President	of in this capacity. I further agree of duties, and I am familiar with
to comply with the provisional accept the obligations 8. The name, title or capa Title or Capacity:	city and address of the person(s) who Name and Address: David Ettenberg 134 Teatown Road	o has/have authority to manage is/are: Title or Capacity: Vice President	Name and Address: Ziporah Janowski 134 Tentown Road
to comply with the provisional accept the obligations 8. The name, title or capa Title or Capacity:	city and address of the person(s) who Name and Address: David Ettenberg 134 Teatown Road	o has/have authority to manage is/are: Title or Capacity: Vice President	Name and Address: Ziporah Janowski 134 Tentown Road
to comply with the provisional accept the obligations 8. The name, title or capa Title or Capacity:	city and address of the person(s) who Name and Address: David Ettenberg 134 Teatown Road Croton on Hudson, NY 105	o has/have authority to manage is/are: Title or Capacity: Vice President	Name and Address: Ziporah Janowski 134 Tentown Road
8. The name, title or capa Title or Capacity: President (Use attachments if necess 9. Attached is a certificate	cons of all statutes relative to the project of my position as registered agent. CRegistered agent (Registered agent) Cambridge (Registered agent) Cambridge (Registered agent) Cambridge (Registered agent) Name and Address: David Ettenberg 134 Teatown Road Croton on Hudson, NY 105 Sary) of existence, no more than 90 days of which it is organized. (If the certification of the control of the certification of the certif	o has/have authority to manage is/are: Title or Capacity: Vice President	Name and Address: Ziporah Janowski 134 Teatown Road Croton on Hudson, NY 10529
8. The name, title or capa Title or Capacity: President (Use attachments if necess 9. Attached is a certificate for isdiction under the law of the translator must be second in the content of the capacity in the content is exect to the content in a document to	city and address of the person(s) who Name and Address: David Ettenberg 134 Teatown Road Croton on Hudson, NY 105 sary) of existence, no more than 90 days of which it is organized. (If the certificity and in accordance with section 605.0) the Department of State constitutes:	o has/have authority to manage is/are: Title or Capacity: Vice President	Name and Address: Ziporah Janowski 134 Teatown Road Croton on Hudson, NY 1052 having custody of records in the ation of the certificate under oath are that any false information in s.817.155, F.S.

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SHANE FIT 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 FIFTEENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHANE FIT LLC"

WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202330997

Date: 03-15-18