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	Business Entity Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2018

LENORA BONEY 330 WASHINGTON ST PMB 393 HOBOKEN, NJ 07030

SUBJECT: MYFIT REALTY HOLDINGS LLC

Ref. Number: W18000063633

We have received your document for MYFIT REALTY HOLDINGS 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Letter Number: 918A00014359

Dionne M Scott Regulatory Specialist II

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYFIT REALTY HOLDINGS 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:

Lenora	Boney			
	N	ame of Person		
MYFIT RI	EALTY HOLDINGS	LLC		
	Fi	rm/Company		
330 Wa	ishington St. $, :$	PMB 393	3	
		Address		
Hoboke	en, NJ 07030			
	City/S	tate and Zip Code		
LENBONE	Y@YAHOO.DE			
	E-mail address: (to be used	for future annual i	report noti	fication)
For further information concerni	ng this matter, please call:			
Lenora Boney		201	898	-2274
Name	of Contact Person	Area Code	Dayı	time Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, F1, 32301
Enclosed is a check for the follow ☑ \$125.00 Filing Fee	ving 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 COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

I WITCH MEALLT F	SINES INTHE STATE OF FLORIDA:		
(Name of Foreign	Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC.")	
	ame adopted for the purpose of transacting business in	Florida The alternate name must include "Limited Liab	,
2. Nevada (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. <u>81 - 539 - 5</u> 1	r, if applicable)
1. 06/13	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to det		
5. 330 Washington (Street Address of I		ermine penalty hability) 6. 330 Washington St. (Mailing Addre	PMB #393
Hoboken, NJ 070		Hoboken, NJ 07030	201
7. Name and street address	ss of Florida registered agent: (P.O. B	Box NOT acceptable)	
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. ST		
	Tampa	. Florida 33607 (Zip code	
	s of my position as registered agent.	per and complete performance of my a	uties, and I am familiar with
	(Registered ager	nt's signature)	
8. The name, title or cap:	acity and address of the person(s) who	has/have authority to manage is/are:	erc)
Title or Capacity:			**************************************
	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name and Address: Lenora Boney		
Manager	Lenora Boney 330 Washington St. PMB #393		
Manager	Lenora Boney		
Manager	Lenora Boney 330 Washington St. PMB #393		Name and Address:
Manager	Lenora Boney 330 Washington St. PMB #393		Name and Address:
Manager (Use attachments if neces	Lenora Boney 330 Washington St. PMB #393 Hoboken, NJ. 07030		Name and Address:
(Use attachments if neces 9. Attached is a certificate	Lenora Boney 330 Westernation St. PMB #393 Hobbien, NJ. 07030 sary) of existence, no more than 90 days of of which it is organized. (If the certification of the certificatio		Name and Address:

Typed or printed name of signee

Lenora Boney

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MYFIT REALTY HOLDINGS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 8, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 29, 2018.

Salbara K. Cegavske
Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180629-0524