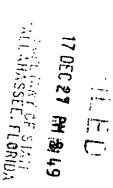


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 981186 4352702

AUTHORIZATION : /

COST LIMIT : (\$ 155.00 Mar

ORDER DATE: December 26, 2017

ORDER TIME : 1:37 PM

ORDER NO. : 981186-050

CUSTOMER NO: 4352702

FOREIGN FILINGS

NAME: FYZICAL FITNESS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:



December 27, 2017

CORPORATION SERVICE COMPANY

SUBJECT: FYZICAL FITNESS, LLC

Ref. Number: W17000101570

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 917A00026105

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DELAWARE [Unindication under the law of which forcign lumited liability company to organized) [United first transacted business in Florida, If price to registration] [Size tections 601,000 & 2601,000. F.S. to determine penalty liability) 505 SOUTH ORANGE AVENUE, SUITE #101 [Size address of Principal Office) SARASOTA, FI, 34236 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CROSS STREET CORPORATE SERVICES, LLC Office Address: 200 SOUTH ORANGE AVENUE SARASOTA Florida 34236 City C	name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC
(Date first insuspered business in Plonds, If proc to registration.) (See sections 605.0904 & 605.0905; F.S. to determine penalty liability) 505 SOUTH ORANGE AVENUE, SUITE #101 (Since Address of Principal Office.) SARASOTA, FL. 34236 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CROSS STREET CORPORATE SERVICES, LLC Office Address: SARASOTA (City) SARASOTA (City) Tegistered agent's acceptance: Towns been named as registered agent and to accept service of process for the above stated limited liability company at missignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity: I jumple of accept the obligations of my position as registered agent agent comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I ran Jumple of accept the obligations of my position as registered agent agent and address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address:	DELAWARE		3 47-2231635	
(Date first insusances of Bonds, if prove to registration) (See set totion 605 9094 & 605 0905; F. S. to determine penalty liability) 505 SOUTH ORANGE AVENUE, SUITE #101 (Sincel Address of Principal Office) SARASOTA, FL 34236 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CROSS STREET CORPORATE SERVICES, LLC Office Address: SARASOTA Florida City (City) (C		hich foreign limited liability company is organized)	(FEI num	nber, if applicable)
(Date first insusances of Bonds, If prove to registration) (See set alone 60.5090 & 65.0905, F. S. to determine penalty liability) 505 SOUTH ORANGE AVENUE, SUITE #101 (Sincel Address of Principal Office) SARASOTA, FL 34236 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CROSS STREET CORPORATE SERVICES, LLC Office Address: SARASOTA (City) (Cit	UPON FILING			
SARASOTA, FL 34236 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CROSS STREET CORPORATE SERVICES, LLC Office Address: 200 SOUTH ORANGE AVENUE SARASOTA (City) Florida (Zip code) Sarasota (Zip code		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905 F.S. to determine	registration)	
(Street Address of Principal Office) SARASOTA, FL 34236 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CROSS STREET CORPORATE SERVICES, LLC Office Address: 200 SOUTH ORANGE AVENUE SARASOTA , Florida 34236 (City) SARASOTA , Florida (Zip code) Original state of principal office and agent and to accept service of process for the above stated limited liability company at managed in this application, I hereby accept the appointment as registered agent and agree to act in this capacity: I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amiliar funding accept the obligations of my position as registered agent and complete performance of my duties, and I amiliar funding accept the obligations of my position as registered agent and specific performance of my duties, and I amiliar funding accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Title or Capacity: Name and Address: MANAGER James D. Abrains 505 S. Orange Ave. Suite #101	505 SOUTH ORANG			VENUE, SUITE #101
Name: CROSS STREET CORPORATE SERVICES, LLC Office Address: 200 SOUTH ORANGE AVENUE SARASOTA (City) (City	(Street Address of I	Principal Office)	(Mailing Ad	dress)
Office Address: Office Address: CROSS STREET CORPORATE SERVICES, LLC Office Address: SARASOTA (City) (Ci	SARASOTA, FL 342	36	SARASOTA, FL 34236	
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Name: CROSS STREET CORPORATE SERVICES, LLC Office Address: 200 SOUTH ORANGE AVENUE SARASOTA (City)				•
Office Address: 200 SOUTH ORANGE AVENUE SARASOTA (City) (Ci	Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptable)	
SARASOTA (City) (Cit	Name:	CROSS STREET CORPORATE SER	VICES, LLC	
SARASOTA (City) (Cit	Office Address	200 SOUTH ORANGE AVENUE		7
egistered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at missignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity: I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiarly accept the obligations of my position as registered agent (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: MANAGER James D. Abrains 505 S. Orange Ave. Suite #101	Office / tagress.	SARASOTA	7.4226	71
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The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: MANAGER James D. Abrams 505 S. Orange Ave, Suite #101				
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MANAGER James D. Abrains 505 S. Orange Ave. Suite #101		(Registered agent's	signature)	169
505 S. Orange Ave. Suite #101	. The name, title or capa		· ·	49
	· · · · · · · · · · · · · · · · · · ·	acity and address of the person(s) who ha	as/have authority to manage is/are:	Name and Address:
Salasota, FL 34230	Title or Capacity:	acity and address of the person(s) who ha Name and Address:	as/have authority to manage is/are:	Name and Address:
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les attachments (financeans)	Title or Capacity: MANAGER	Name and Address: James D. Abrams 505 S. Orange Ave. Suite #101 Sarasota, FL 34236	as/have authority to manage is/are: Title or Capacity:	Name and Address:
Use attachments if necessary)	Title or Capacity: MANAGER	Name and Address: James D. Abrams 505 S. Orange Ave. Suite #101 Sarasota, FL 34236	as/have authority to manage is/are: Title or Capacity:	Name and Address:
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Typed or printed name of signee

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "FYZICAL FITNESS, 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 TWENTY-SECOND DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FYZICAL FITNESS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2017.

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



Authentication: 203822143

Date: 12-22-17

6675355 8300 SR# 20177751298

You may verify this certificate online at corp.delaware.gov/authver.shtml