

M17000010979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

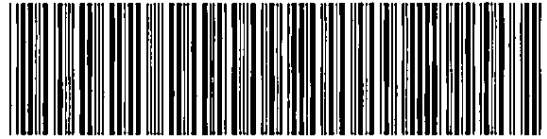
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

file 2nd

W17-101570

Office Use Only



900306527229

FILED  
17 DEC 27 AM 3:49  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

2017 DEC 28 AM 1:53  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

DEC 29 2017

Y SULKER

File Second

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

ACCOUNT NO. : I20000000195

REFERENCE : 981186 4352702

AUTHORIZATION :

COST LIMIT : \$ 155.00

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: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 917A00026105

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. FYZICAL FITNESS, 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. DELAWARE 3. 47-2231635  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 505 SOUTH ORANGE AVENUE, SUITE #101 6. 505 SOUTH ORANGE AVENUE, SUITE #101  
(Street Address of Principal Office) (Mailing Address)  
SARASOTA, FL 34236 SARASOTA, FL 34236

7. 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) (Zip code)

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.

[Signature]  
(Registered agent's signature)

17 DEC 2011 10:49  
RECEIVED  
TALLAHASSEE  
FLORIDA

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>MANAGER</u>	<u>James D. Abrams</u> <u>505 S. Orange Ave. Suite #101</u> <u>Sarasota, FL 34236</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no 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]  
Signature of an authorized person

JAMES D. ABRAMS  
Typed or printed name of signer

# Delaware

The First State

Page 1

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.

FILED  
17 DEC 26 PM 2:49  
DEPT. OF STATE  
HARRISBURG, FLORIDA



6675355 8300

SR# 20177751298

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203822143

Date: 12-22-17