# F1600000 1403

| (Requestor's Name)                      |                    |           |  |  |  |
|---|--------------------|-----------|--|--|--|
| (Address)                               |                    |           |  |  |  |
| (Address)                               |                    |           |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |  |
| PICK-UP                                 | WAIT               | MAIL      |  |  |  |
| (Business Entity Name)                  |                    |           |  |  |  |
| (Document Number)                       |                    |           |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |
|   |                    |           |  |  |  |
|   |                    |           |  |  |  |
|   |                    |           |  |  |  |
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Office Use Only



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02/19/16--01003--024 \*\*950.00

01/20/16--01023--005 \*\*70.00

WAR 25 2016 HARRIS

#### **COVER LETTER**

|                         | lew Filing Section Division of Corporations  |                |   |  |
|-------------------------|--|----------------|---|--|
|                         | EITMODICO INO  |                |   |  |
| SUBJEC                  |  |                | - must include suffix   |  |
| ~ ~:                    |  |                |   |  |
| Dear Sir o              | or Madam:  |                |   |  |
| "Certifica              | osed "Application by Foreign Corports of Existence," or "Certificate of erenced foreign corporation to trans | Good Stand     | ling" and check are sub   |  |
| Please ret              | urn all correspondence concerning  | this matter    | to the following:   |  |
| Donn                    | a L. Lloyd   |                |   |  |
|                         | ***************************************  | Name of F      | 'erson  | 70.0 - 1.0 - |
| Capla                   | an and Earnest LLC   |                |   |  |
|                         |  | Firm/Com       | pany  |  |
| 1800                    | Broadway, Suite 200  | )              |   |  |
|                         |  | Addre          | SS  |  |
| Bould                   | ler, CO 80302  |                |   |  |
|                         | (  | City/State an  | d Zip code  | · · · · · · · · · · · · · · · · · · ·  |
| dlloyd                  | @celaw.com   |                |   |  |
|                         | E-mail address: (1   | to be used for | or future annual report r   | notification)  |
| For furthe              | er information concerning this matt  | er, please ca  | all:  |  |
| Gread                   | ory J. Smith   | ,303           | 443-8010  |  |
|                         | Name of Person   | Area C         | ode & Daytime Telepho   | one Number   |
|                         |  |                | ,   |  |
| N<br>D<br>C<br>26<br>Ta | ew Filing Section ivision of Corporations lifton Building 601 Executive Center Circle allahassee, FL 32301   |                | MAILING A<br>New Filing Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, F | ction<br>prporations   |
| Enclosed                | is a check for the following amoun   | iti            |   |  |
| <b>⑤</b> \$70.00        | Filing Fee   |                | \$78.75 Filing Fee & Certified Copy   | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy   |

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2016

DONNA L LLOYD CAPLAN AND EARNEST LLC 1800 BROADWAY, SUITE 200 BOULDER, CO 80302

SUBJECT: CROSSOVER SYMMETRY

Ref. Number: W16000004233

We have received your document for CROSSOVER SYMMETRY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

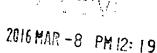
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00001390

TO MER 22 AM 9: 10
SELVETANT OF STATE
TAIL ANASSET FLORIDA





## FLORIDA DEPARTMENT OF STATE COOP Division of Corporations TALLARIAS OF THE ORIBA

February 19, 2016

DONNA L LLOYD CAPLAN AND EARNEST LLC 1800 BROADWAY, SUITE 200 BOULDER, CO 80302

SUBJECT: CROSSOVER SYMMETRY

Ref. Number: W16000004233

We have received your document for CROSSOVER SYMMETRY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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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.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00001390

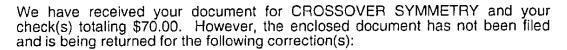
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 21, 2016

DONNA L LLOYD CAPLAN AND EARNEST LLC 1800 BROADWAY, SUITE 200 BOULDER, CO 80302

SUBJECT: CROSSOVER SYMMETRY

Ref. Number: W16000004233



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 \$950.00.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00001390

2016 FEB 16 PM 3: 48

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| I. FITWOR                                 |   |   |   |  |
|---|---|---|---|--|
| (Enter name of co                         | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")   | o," "COMPANY," "CORPORATIO  | Ν,"   |  |
| CROSSOVE                                  | R SYMMETRY, INC.  |   |   |  |
| (If name unavaila                         | ble in Florida, enter alternate corporate name  | e adopted for the purpose of transacti  | ng business in Florida)                                 |  |
| <sub>2.</sub> Colorado                    | 3   | 20-0615228  |   |  |
|   | y under the law of which it is incorporated)  | (FEI number, if a   | pplicable)  |  |
| <sub>4</sub> 1/20/2004 <sub>5</sub> perp  |   | <sub>s.</sub> perpetual   | erpetual  |  |
| (Date                                     | of incorporation)   | (Duration: Year corp. will cease t  | o exist or "perpetual")                                 |  |
| 6. 4/15/13                                |   |   |   |  |
|   |   | in Florida, if prior to registration)<br>1502, F.S., to determine penalty liabi | lity)   |  |
| 5450 Wad                                  | Isworth Bypass, Unit B A  |   | iny)  |  |
| 7. <u>0400 Wad</u>                        | (Principal office ad  |   |   |  |
| 5450 Wad                                  | sworth Bypass, Unit B Arv   | · ·   |   |  |
| 01001100                                  | (Current mailing ac   |   |   |  |
|   |   |   |   |  |
| 8. Name and stree                         | t address of Florida registered agent: (F   | P.O. Box <u>NOT</u> acceptable)   | 12 13 mm  |  |
| Name:                                     | Duggan Moran  |   |   |  |
| Office Address:                           | 1010 Magnolia Dr  |   | F1 59 U   |  |
|   | Indialantic   | , Florida 32903   | 30.4<br>10  |  |
|   | (City)  | (Zip code)  |   |  |
| designated in this<br>further agree to co | ent's acceptance;<br>ed as registered agent and to accept ser<br>application, I hereby accept the appoin<br>comply with the provisions of all statute;<br>amiliar with and accept the obligations | ntment as registered agent and ag<br>s relative to the proper and comp          | gree to act in this capacity.<br>Hete performance of my |  |
| _   | Duggan J N  |   |   |  |
|   | (Registered agent's   | signature)  |   |  |

<sup>10.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: James P. Moran, PT, Director and Chairman Address: 5450 Wadsworth Bypass, Unit B Arvada, CO 80020 Vice Chairman: Address: \_ Duggan J. Moran, Director 5450 Wadsworth Bypass, Unit B Arvada, CO 80020 Kristine M. Moran, Director 5450 Wadsworth Bypass, Unit B Arvada, CO 80020 B. OFFICERS President: Duggan J. Moran Address: 5450 Wadsworth Bypass, Unit B Arvada, CO 80020 Secretary: Kristine M. Moran Address: 5450 Wadsworth Bypass, Unit B Arvada, CO 80020 Treasurer: Kristine M. Moran Address: 5450 Wadsworth Bypass, Unit B Arvada, CO 80020 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signifig this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. Duggan J. Moran, Director and President

(Typed or printed name and capacity of person signing application)

## 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,

FITWORKS, INC.

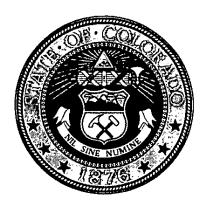
is a

#### Corporation

formed or registered on 01/20/2004 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 20041020618.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/11/2016 that have been posted, and by documents delivered to this office electronically through 01/12/2016 @ 11:45:43.

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 01/12/2016 @ 11:45:43 in accordance with applicable law. This certificate is assigned Confirmation Number 9450667



Norgran. Williams

Secretary of State of the State of Colorado

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"