F17000002195

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	

Office Use Only



500300409065

OIVISION OF CORPORATIONS.

O SIMMONS JUN 2 1 2017 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 691206 8069199

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE: June 19, 2017

ORDER TIME : 11:14 AM

ORDER NO. : 691206-005

CUSTOMER NO: 8069199

FOREIGN FILINGS

NAME: FITNESS SUPPLY INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fitness Supply Inc		
Name of corporation - must in	clude suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authoriza "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Flor	check are submitted to register the	
Please return all correspondence concerning this matter to the fo	llowing:	
Justin Perreault		
Name of Person		
Fitness Supply Inc.		
Firm/Company		
65 Green St Address		
Address		
Foxboro MA 02035 City/State and Zip co		
E-mail address: (to be used for future	movement. (om annual report notification)	
For further information concerning this matter, please call:		
Justin Perrewlt at (508)	543-2073	
Name of Person Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
-	ድህ . ፕ ዕ - ፫ጣ ዕርጣ ድር ፕህን - ጉ	
——————————————————————————————————————	Filing Fee & \$87.50 Filing Fee, cd Copy Certificate of Status & Certified Copy	

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.

"inc.," "Co.," '	'Corp," "Inc," "Co," or "Co	rp.")		
(If name unava	ilable in Florida, enter alter	rnate corporate name	adopted for the purpose of transa	cting business in Florida)
2	1 A	3.	47-315 34	04
(State or com	try under the law of which	it is incorporated)	47-315 34 (FEI number, i	f applicable)
4	2/17/15	5		
(Da	ate of incorporation)		(Date of duration, if of	her than perpetual)
6	د اسما د			
v	(Date first	transacted business in IS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty lia	
7. i ns	Green St	Falbera	MA 02035	9 4
		(Princi)	pal office address)	HS10
	·			5 Z ·
65	Green St	Foxbana	MA 02035	0 N 1
65	Green St	Fox by ro (Current maili	pal office address) MA 02035 mg address, if different)	0 CC 1
65	Green St	Foxboro (Current maili	mg address, if different)	A OF COMPO
		(Current maili	mg address, if different) O. Box NOT acceptable)	20 M 8: 2
8. Name and <u>st</u>		(Current maili	ng address, if different)	20 M 8: 29
	reet address of Florida re Corporation Service C	(Current maili	ng address, if different)	17 JUN 20 AM 8: 29 DIVISION OF COMPOTATIONS
8. Name and <u>st</u> Name:	ceet address of Florida re Corporation Service C	(Current maili	ng address, if different)	20 AM 8: 29
8. Name and <u>st</u> Name:	ceet address of Florida re Corporation Service ((Current mailing gistered agent: (P.)	ng address, if different) O. Box <u>NOT</u> acceptable)	20 AM 8: 29 4 OF CORPORATIONS
8. Name and <u>st</u>	ceet address of Florida re Corporation Service (1201 Hays Street Tallahassee	(Current mailing gistered agent: (P.)	ng address, if different) O. Box <u>NOT</u> acceptable)	20 AM 8: 29 4 OF CCKPOTATIONS
8. Name and <u>st</u> Name: Office Address:	Corporation Service C 1201 Hays Street Tallahassee	(Current mailing gistered agent: (P. Company	O. Box <u>NOT</u> acceptable)	20 M 8: 29 20 CCRPONATIONS
8. Name and stand stand Name: Office Address: 9. Registered:	Corporation Service (1201 Hays Street Tallahassee ((Cargent's acceptance:	(Current mailing gistered agent: (P. Company City)	O. Box NOT acceptable) O. Box NOT acceptable (Zip code)	
8. Name and st. Name: Office Address: 9. Registered: Having been not designated in the	Corporation Service (1201 Hays Street Tallahassee (() agent's acceptance: amed as registered agent his application, I hereby	(Current mailing gistered agent: (P. Company City) and to accept serve accept the appoint	O. Box NOT acceptable) O. Box NOT acceptable 32301 (Zip code) wice of process for the above soment as registered agent and	tated corporation at the pla agree to act in this capacity
8. Name and st. Name: Office Address: 9. Registered: Having been no designated in the	Corporation Service (1201 Hays Street Tallahassee (() agent's acceptance: amed as registered agent application, I hereby to comply with the provise	(Current mailing spiriture) Gistered agent: (P. Company City) t and to accept serve accept the appoint ions of all statutes	O. Box NOT acceptable) O. Box NOT acceptable) Joice of process for the above soment as registered agent and relative to the proper and con	tated corporation at the pla agree to act in this capacity nplete performance of my
8. Name and st. Name: Office Address: 9. Registered: Having been no designated in the	Corporation Service (1201 Hays Street Tallahassee (() agent's acceptance: amed as registered agent application, I hereby to comply with the provise	(Current mailing spiriture) Gistered agent: (P. Company City) t and to accept serve accept the appoint ions of all statutes	O. Box NOT acceptable) O. Box NOT acceptable 32301 (Zip code) wice of process for the above soment as registered agent and	tated corporation at the pla agree to act in this capacity nplete performance of my gent.
8. Name and st. Name: Office Address: 9. Registered: Having been no designated in the	Corporation Service (1201 Hays Street Tallahassee (() agent's acceptance: amed as registered agent application, I hereby to comply with the provise	(Current mailing and to accept serve accept the appoint ions of all statutes opt the obligations of	O. Box NOT acceptable) O. Box NOT acceptable) Joice of process for the above soment as registered agent and relative to the proper and con	tated corporation at the pla agree to act in this capacity nplete performance of my

10. 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: N/A
Address:
Vice Chairman: N/A
Address:
Director: James R. Sulliven Address: 65 Green St
Director: James R. Sullivan Address: 65 Green St
Foxboro MA 02035
Exhace MA 02035 Director: Dominic Simon Hi Address: 65 Fren St
Address: 65 Green St
Foxbore MA 02035
B. OFFICERS
President: Jumps R. Sullivan
Address: 65 Green St
Foxbiro MA 07 035
Vice President: N/A
Address:
Secretary: Dominic Simone Hi
Address: 65 Green St. Foxbaro MA 02035
Treasurer: Jame R. Silvan
Address: 65 treen of. For Six MA 02635
NOTE: If necessary, you may affach an addendum to the application listing additional officers and/or directors.
12. / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. James R. Silliam, President.
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

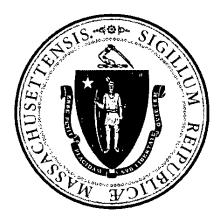
Date: June 19, 2017

To Whom It May Concern:

I hereby certify that according to the records of this office,

FITNESS SUPPLY, INC.

is a domestic corporation organized on February 18, 2015, under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Tranin Galetin

Certificate Number: 17060349010

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: