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June 8, 2019

BRITTANY HALSTEAD 12301 50TH ST. SOUTH LAKE WORTH, FL 33449

SUBJECT: REPLAY POLO LLC Ref. Number: W19000054936

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

The form you submitted is for a Foreign Not For Profit Corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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) 245-6052.

Letter Number: 019A00011494

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Repay 1010 501 C3 Organization Name of Corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Brittany Halstead Fig. 19 19 19 19 19 19 19 19 19 19 19 19 19
Replay Polo LLC Firm/Company
ORID A
12301 50th St. South
Lake Worth FL 33449 City/State and Zip Code
Brittany & NolayPolo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brittan Halstead at (U15) (0/8-83/C) Name of Person at (U15) Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\Begin{array}{c} \$\$578.75 Filing Fee & \$\$78.75 Filing Fee & \$\$Certificate of Status & \$\$Certified Copy & \$\$Certificate of Status & \$\$Certified Copy & \$\$Ce

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Tennessee
(State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502; F.S., to determine penalty liability.) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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. (Registered agent's signature)

11. 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. 12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO			
(D)Chairman	Name: Brittany Halstead	Chairman	Name: "Amanda" Luby "
□Vice Chairman	Address: P. O. BOX 210011	□Vice Chairman	~
Pirector	Bayas Palm Beach	□Director	Boyal Palm Beach
President	FL 33421	□President	FL 33421
□Vice Presidem		□Vice President	
☐Secretary:	OTreasurer	Secretary	□Treasurer
□Other:	Other:	Other:	
□Chairman	Name: Tom Aronson	□Chairman	Name: Danielle Basscher
Vice Chairman	Address: P.O BOX 210011	□Vice Chairman	Address: P.(). BOX 210011
□Director (Royal Palm Beach		Boyal Palm Beach
□President	FL 33471	□President	FL 33421
□Vice President		□Vice President	
□Secretary:	☐Treasurer	□Secretary	□Treasurer
□Other:	Other	Diher: Board	
□Chairman	Name:	□Chairman	Name: TALLES 28
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	SSS 28
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary ·	A Treasurer
Other:	🗖 Other:	☐ Other:	Other:
3. <u>B. Fill</u>	Notice: Use an attachment to report more than six duals may be added to the index when filing your fill the fill that the fill the fill that the fill the fill that the fill the fill the fill the fill the fill that the fill the fill that the fill the fill the fill the fill the fill the fill the f	fronda Department of	State Annual Report form.



Division of Business Services Department of State

State of Tennessee 312 Rosa L., Parks AVE, 6th FL Nashville, TN 37243-1102

BRITTANY HALSTEAD

1100 MONTPIER DR FRANKLIN, TN 37069 May 23, 2019

Request Type: Certificate of Existence/Authorization

Request #:

0317317

Issuance Date: 05/23/2019

Copies Requested:

Document Receipt

Receipt #: 004825622

Payment-Credit Card - State Payment Center - CC #: 3758804574

Filing Fee:

\$20.00

\$20.00

ReplayPolo Regarding:

Filing Type:

Nonprofit Corporation - Domestic

Formation/Qualification Date: 01/18/2016

Status:

Active Perpetual

Duration Term:

Business County: WILLIAMSON COUNTY

Control # :

830013

Date Formed:

01/18/2016

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ReplayPolo

- * is a Corporation duly incorporated under the law of this State with a date of incorp ration and
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State Verification #: 033428228

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Phone (615) 741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/