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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

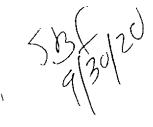


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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	FCT·	FITNES	STECH SER	VICES INC.	
30170		Name of o	corporation -	- must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existenc		Good Stand	Authorization to Transact Busines ling" and check are submitted to s in Florida.	
Please	return all corresp	ondence concerning	this matter t	to the following:	
		MIG	THAEL GON	SZALEZ	
·		· · ·	Name of P	erson	
	•		Firm/Comp	pany	
		1606	CAMERBUI	R DR	
	· -		Addres	SS	
		OF	RLANDO, FL	, 32805	
		(d Zip code	
		corpn	nichaelgon(Æg	gmail.com	
		E-mail address: (1	to be used fe	or future annual report notificatio	m) 93
For fu	ther information	concerning this matt	er, please ca	ill:	
Ν	MICHAEL GONZALEZ 731 474-4117		 ე		
	Name of Perso		Area Code	Daytime Telephone Nun	nber co
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS Registration Section Division of Corporation Division of Corporation The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314		: :		
Please		the following amour te to: FLORIDA DEP . S78.75 Filing b Certificate of S	ARTMENT (\$78.75 Filing Fee &	7.50 Filing Fee, rtificate of Status o rtified Copy

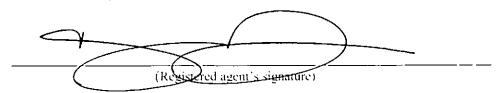
'APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	SERVICES INC.			
	orporation: must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting bu	siness in Florida	
HAWAII	3	3 85-2824319		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
9/28/2017	5. F	PERPETUAL		
	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in USEE SECTIONS 607,1501 & 607,150			
	1606 CAMERBUR DR	ORLANDO, FL 32805		
	(Principal office	street address)		
	(Current mailing	address, if different)	2020 5.	
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	1	
Name:	ALEXIS JONES		co	
	1606 CAMERBUR DR		- :	
ffice Address:			– ئخ	
	ORLANDO	, Florida <u>32805</u>	(a	
	(City)	(Zip code)		

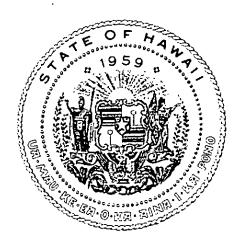
9. Registered agent's acceptance:

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.



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.

A. DIRECTORS	•			
□ Chairman	Name:	⊒Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	ORLANDO, FL 32805	□Director		
■ President	, 	□President		
□Vice President		□Vice President		
□Secretary	■Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other <u>77</u> 130 150
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	<u>,</u>	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department.	nent of State Annual Re		ourposes only, Non-indexed
12	Signatur of Director	or Officer		
The officer or direc	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa	per 11 above) affirms the entment of State constitu		
13.	MICHAEL GONZALEZ	PRESIDENT		



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

FITNESSTECH SERVICES INC.

was incorporated under the laws of Hawaii on 09/28/2017; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 01, 2020

Cachiel. Choat Cath.

Director of Commerce and Consumer Affairs