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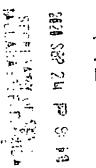
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COVER LETTER

TO:	Registration Section Division of Corporations					
CHDI	ECT: Lil' Guppies Swim School	l, Inc.				
SUDI	Nai	me of corporation	on - mus	st include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation	eate of Good Sta	anding"	and check are subr		
Please	return all correspondence conc	erning this matt	er to the	: following:		
Michel	lle Robles, Esq.					
	-	Name o	f Perso	n		
Robles	Law, PA					
		Firm/Co	mpany			
8592 P	Potter Park Drive, Suite 150					
		Ado	Iress			
Saraso	ta, FL 34238					
-		City/State	and Zip	code		
michel	le@robleslawpa.com					
	E-mail add	ress: (to be used	l for fut	ure annual report n	otification)	
For fu	rther information concerning th	is matter, please	call:			
Michelle Robles, Esq. 941			, 31) 315-2114 Daytime Telephone Number		
	Name of Person	Area Co	ode ,	Daytime Teleph	one Number	
	STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations	
Please	sed is a check for the following make check payable to: FLORIDA 0.00 Filing Fee \$78.75 F	A DEPARTMEN	□ \$78.	TATE 75 Filing Fee & tified Copy	S87.50 Filing Fee. 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.

	rp." "Inc." "Co," or "Corp.")			
(If name unavailal	ole in Florida, enter alternate corporate name a	dopted for the purpose of trans	acting business in Florida)	
California	3.			
(State or country	under the law of which it is incorporated) 3.	(FEI number,	if applicable)	
05/15/2018	5			
(Date o	of incorporation) 5.	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration; 2. F.S. to determine penalty li) iability)	
4809 Post Pointe E		2, 1.3., to determine penalty in	monty,	
	Principal offic	e <u>street</u> address)		
4809 Post Pointe I	Orive, Sarasota, FL 34233	e <u>server</u> address/		
· ·		address, if different)		
	(0	,,		
Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	7	
	address of Florida registered agent: (P.O. Michelle Robles, Esq.	Box NOT acceptable)		
Name and street Name:	Michelle Robles, Esq.	Box <u>NOT</u> acceptable)	For Sa	
		Box NOT acceptable)	184 SE 2	
Name:	Michelle Robles, Esq. 8592 Potter Park Drive, Suite 150		TO THE	
Name:	Michelle Robles, Esq. 8592 Potter Park Drive, Suite 150	Box NOT acceptable) , Florida (Zip code)	8	
Name: ffice Address:	Michelle Robles, Esq. 8592 Potter Park Drive, Suite 150 Sarasota (City)	 , Florida ³⁴²³⁸	- 12 TO	
Name: ffice Address: Registered agei	Michelle Robles, Esq. 8592 Potter Park Drive, Suite 150 Sarasota (City) nt's acceptance:	, Florida 34238(Zip code)		
Name: ffice Address: Registered agentiving been name signated in this designated in this designation.	Michelle Robles, Esq. 8592 Potter Park Drive, Suite 150 Sarasota (City) nt's acceptance: d as registered agent and to accept service application, I hereby accept the appointment.	, Florida \frac{34238}{(Zip code)} e of process for the above sent as registered agent and	tated corporation at the plant agree to act in this capaci	
Name: ffice Address: Registered agen aving been name signated in this of rther agree to co	Michelle Robles, Esq. 8592 Potter Park Drive, Suite 150 Sarasota (City) nt's acceptance: Id as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes reliables.		tated corporation at the plant agree to act in this capaci	
Name: ffice Address: Registered ager aving been name esignated in this e rther agree to co	Michelle Robles, Esq. 8592 Potter Park Drive, Suite 150 Sarasota (City) nt's acceptance: d as registered agent and to accept service application, I hereby accept the appointment.		tated corporation at the plant agree to act in this capaci	
Name: ffice Address: Registered ager aving been name esignated in this earther agree to co	Michelle Robles, Esq. 8592 Potter Park Drive, Suite 150 Sarasota (City) nt's acceptance: Id as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes reliables.		tated corporation at the plant agree to act in this capaci	

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 Amy Diamond □ Chairman ☐ Chairman Name: _____ 4809 Post Pointe Drive ☐ Vice Chairman Address: □Vice Chairman Address: Sarasota, FL 34233 Director □ Director **■** President □ President □Vice President ___ ☐ Vice President □Treasurer □ Secretary ☐ Secretary ☐ Treasurer Other ____ □Other _____ □Other _____ Other _____ Chairman Name: _____ ☐ Chairman Name: ______ □Vice Chairman Address: Address: □ Vice Chairman □ Director 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 _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

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



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: LIL' GUPPIES SWIM SCHOOL, INC.

File Number: C4153182 Registration Date: 05/15/2018

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of September 8, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

SEAL OF HE SEAL OF THE SEAL OF

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 9, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: R5279WR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.