

**F22000004019**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000220629 3)))



H220002206293ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : VCORP SERVICES, LLC  
Account Number : I2008000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

### Fitness Kid Corp

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 JUN 27 PM 2:12

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
FILED

2022 JUN 27 AM 10:14

FILED  
FILED

# 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.

1. Fitness Kid Corp  
 (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/21/2019 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2371 Butterfly Palm Drive, Naples, FL 34119  
 (Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Igor Liberman

Office Address: 2371 Butterfly Palm Drive

Naples, Florida 34119  
 (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.*

/s/IGOR LIBERMAN

(Registered agent's signature)

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

**A. DIRECTORS**☐ Chairman Name: Igor Liberman☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: 2371 Butterfly Palm Drive☐ Vice Chairman Address: \_\_\_\_\_☐ Director Naples, FL 34119☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary ☐ Treasurer☐ Secretary ☐ Treasurer☒ Other CEO ☐ 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 \_\_\_\_\_☐ 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 \_\_\_\_\_

**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.

/s/IGOR LIBERMAN

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 §817.155, F.S.

13. Igor Liberman  
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

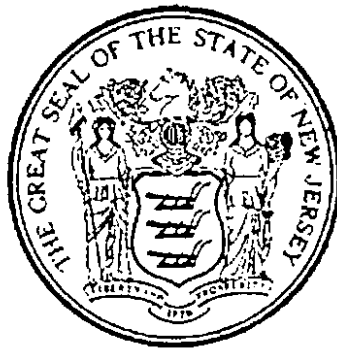
**FITNESS KID CORP**  
0450352307

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 21, 2019.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

IGOR LIBERMAN  
250 Pehle Ave  
Suite 200  
Saddle Brook, NJ 07663



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
27th day of June, 2022*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number: 2644680240

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/ASP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/ASP/Verify_Cert.jsp)