# F30001122

(Paguastaria Nama)
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Eliky Hallie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900411814309

07/10/23--01034--019 \*\*87.50



T. LEM EUX

AUG 11 Zuzs

# **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT: Cross	fit Decimate Inc			
30bit.C1	Name	e of corporation	- must include suffix	
Dear Sir or Madam:				
	ence," or "Certificat	te of Good Stan	Authorization to Transact ding" and check are submass in Florida.	
Please return all com	respondence concer	ning this matter	to the following:	
Alejandro Esqueda	i			
		Name of	Person	
Crossfit Decimate Inc				
		Firm/Con	pany	
2545 Hillsdale Ave Ur	nit A			
		Addre	288	
Largo, FL 33774				
·		City/State a	nd Zip code	
AMPS.ESQUED	A@msn.com			
	E-mail addre	ss: (to be used t	or future annual report no	tification)
For further informat	ion concerning this	matter, please o	all:	
Alejandro Esqueda 719 213-80		213-8057		
Name of Pe	rson	Area Cod	e Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check Please make check pay □ \$70.00 Filing Fee	yable to: FLORIDA I	DEPARTMENT ing Fee & E	OF STATE  S78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy



July 20, 2023

ALEJANDRO ESQUEDA 2545 HILLSDALE AVE UNIT A LARGO, FL 33774

SUBJECT: CROSSFIT DECIMATE INC

Ref. Number: W23000099887

We have received your document for CROSSFIT DECIMATE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Letter Number: 323A00016271

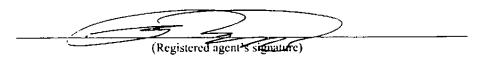
Tracy L Lemieux Regulatory Specialist II

# 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.

Crossfit Decima				
	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATIO	ON,	
1110., 2011	The control couper,			
(If name unavaila	ible in Florida, enter alternate corporate name a	lopted for the purpose of transacti	ng business in l	Florida)
Colorado	3	84-4144284		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
01/01/2020	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
06/01/2023				
	(Date first transacted business in	Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liabi	lity)	
2545 100-4-1-7	Ave Unit A. Large El. 22774			
2545 milisuale F	Ave Unit A_Largo, FL_33774(Principal offic	e <u>street</u> address)		
	(Current mailing	address, if different)		
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	•	2023 E.F.
	Alejandro Esqueda	<u> </u>	•	767
Name:				下 1
ffice Address:	2545 Hillsdale Ave Unit A			1/2
	Largo	(2)	,	PH
	(City)	, Florida <u>33774</u> (Zip code)		نخ
	(Chy)	(apply accept)	<del>.</del>	ປາ
				9

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 Alejandro Esqueda Name: \_\_\_\_ □ Chairman □ Chairman □Vice Chairman Address: \_ 2545 Hillsdale Ave Unit A Address: 2545 Hillsdale Ave Unit A ☐ Vice Chairman Largo, FL 33774 Largo, FL 33774 □ Director □ Director □ President President ■ Vice President □Vice President □ Treasurer ☐ Treasurer □ Secretary □Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ Address: □Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman □ Director □Director □President □President ☐ Vice President ☐ Vice President \_\_\_\_ ☐ Secretary □Treasurer □Treasurer □ Secretary □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ ☐ Chairman □ Chairman □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. Signature of Director of Office

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.

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Crossfit Decimate, Inc.

### is a

## Corporation

formed or registered on 01/01/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20198041712.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/27/2023 that have been posted, and by documents delivered to this office electronically through 07/31/2023 @ 07:52:38.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/31/2023 @ 07:52:38 in accordance with applicable law. This certificate is assigned Confirmation Number 15190811



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSecuchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click="Businesses trademarks, trade names" and select="Frequently Asked Questions"."