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SECRLIARY OF STATE
SECRLIARY OF STATE

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COVER LETTER!

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Registration Section Division of Corporations

SUBJECT:

One.23 Fitness Holdings, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Angela Coates			
Name of Person			
Bingham Greenebaum Doll LLP			
Firm/Company			
300 W. Vine Street, Suite 1100			
Address			
Lexington, KY 40507			
City/State and Zip Code			
acoates@bgdlegal.com			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Angela Coates

., 859

288-4605

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. One.23 Fitness Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternat Liability Company," "L.L.C," or "LLC.")	e name must include "Limited
_{2.} Kentucky _{3.} 46-3071347	
(Jurisdiction under the law of which foreign limited liability (FEI number, if approximately company is organized)	olicable)
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	VIII SEi
_{5.} 1056 Wellington Way, Suite 190	
Lexington, KY 40513	28
(Street Address of Principal Office)	
6	FEST R
	RICE
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
Royce G. Pulliam, Manager	
1056 Wellington Way, Suite 190	
Lexington, KY 40513	
8. Attached is an original certificate of existence, no more than 90 days old, duly auth having custody of records in the jurisdiction under the law of which it is organized. (A acceptable. If the certificate is in a foreign language, a translation of the certificate unemust be submitted)	A photocopy is not
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of per am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro	jury that the facts stated herein are true. wided for in s.817.155, F.S.)
Royce G. Pulliam Manager	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability (Fitness Holdir	• •	·····	
If unavailable	the alternate to be used	in the state of Florida is:		
2. The name	and the Florida street add	dress of the registered agent and office are:		
	Capitol Corporate Services, Inc.			
		(Name)		
155 Office Plaza Drive, Ste A				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	FL 32301		
		City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Ollanie Case, asst. sec.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 148367

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

One.23 Fitness Holdings, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 8, 2013 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of February, 2014, in the 222nd year of the Commonwealth.

THE RESERVE OF THE OWNER.



Mison Lundergan Grimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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