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13 SEP 26 PM I2: 16 SECRETARY OF STATE TALL MHASSEE, FLORIDA

K.SALY EXAMINER SEP 27 2013

#### **COVER LETTER**

TO: r Registratio	n Section f Corporations		
SUBJECT: ES	tero AF LLC		
JOBSECT.	Nan	me of Limited Liability Company	
The enclosed "Appl Existence, and check	ication by Foreign Limited Liabi k are submitted to register the ab	ility Company for Authorization to Trapove referenced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all cor	respondence concerning this mat	tter to the following:	
S	Sam Whitaker		
		Name of Person	
В	Sitterroot Holdin	ngs LLC	
<u></u>		Firm/Company	
1	3965 W. Chind	den Blvd., Suite 20	06
		Address	
В	loise, ID 83713	}	
		City/State and Zip Code	
Sa	amw@bitterroo		
_	E-mail address: (to	o be used for future annual report noti	fication)
For further informati	ion concerning this matter, please	e call:	
Kimb	al L. Gowland	<sub>at</sub> 208 342	2-6066
<del>"</del>	Name of Person	Area Code & Daytime Telephone	Number
	327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a che ☐ \$125.00	rck for the following amoun Filing Fee \$\mathbb{\mtx\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Fee & □ \$155.00 Filing Fee &	☐ \$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	STATE OF FLORIDA:  Stero AF LLC
_	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
conse	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written not of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability many," "L.L.C," "LLC.")
<sub>2.</sub> Id	aho 3.
(Ju	risdiction under the law of which foreign limited liability (FEI number, if applicable)  upany is organized)
4. N	/lay 20, 2013 <sub>5.</sub> Perpetual
·· <u></u>	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u>1</u>	3965 W. Chinden Blvd., Suite 206, Boise, ID 83713
	26
	(Street Address of Principal Office)
8. If	(Street Address of Principal Office)  Ilimited liability company is a manager-managed company, check here
9. Tl	ne name and usual business addresses of the managing members or managers are as follows:
Þ	AJ Osborne, its Manager, 13965 W. Chinden Blvd., Suite 206, Boise, ID 83713
_	
_	
	ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under oath of the translator must be submitted.)
11. N	Nature of business or purposes to be conducted or promoted in Florida: fitness facility/gym
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
	penalties of perfury that the facts stated herein are true. I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	AJ Osborne
	Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	1.	The name	of the	Limited	Liability	Company	is:
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#### Estero AF LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Trevor Osborne

(Name)

24600 S. Tamiami Trail, Suite 600

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Bonita Springs** 

34134

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# State of Idaho

Office of the Secretary of State

## CERTIFICATE OF EXISTENCE

**ESTERO AF LLC** 

File Number W 125512

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 20 May 2013.

I FURTHER CERTIFY That the limited liability company has not been dissolved.

Dated: September 25, 2013



Ben yeura

SECRETARY OF STATE

By Mory Dervier