

m15000006496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

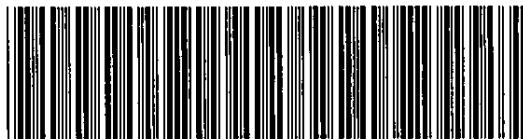
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form ordered
wrong cert. cert.
WB-S1170

Office Use Only



600275163706

07/27/15--01027--007 **87.50

08/10/15--01001--006 **72.50

2015 AUG 17 P 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 18 2015

3 MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2015

LOWELL GANNON
4420 NE 20TH AVENUE, SUITE B
OAKLAND PARK, FL 33308

SUBJECT: STRENGTH AND BALANCE FITNESS LLC
Ref. Number: W15000051170

We have received your document for STRENGTH AND BALANCE FITNESS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 715A00016718



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2015

LOWELL GANNON
4420 NE 20TH AVENUE, SUITE B
OAKLAND PARK, FL 33308

SUBJECT: STRENGTH AND BALANCE FITNESS LLC
Ref. Number: W15000051170

We have received your document for STRENGTH AND BALANCE FITNESS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$72.50.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 315A00015878

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRENGTH AND BALANCE FITNESS, 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:

LOWELL GANNON

Name of Person

STRENGTH AND BALANCE

Firm/Company

4420 NE 20TH AVE. STB B

Address

OAKLAND PARK, FL. 33308

City/State and Zip Code

LOWELL@STRENGTHANDBALANCEFITNESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOWELL GANNON

Name of Contact Person

at (954)

Area Code

904-1172

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:

1. STRENGTH AND BALANCE FITNESS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 47-4417058
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NOT OPEN AS OF NOW
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4420 NE 20TH AVENUE
(Street Address of Principal Office)

6. OAKLAND PARK, FL 33308
STEB. (same)
(Mailing Address)

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

Name: LOWELL GANNON

Office Address: 4420 NE 20TH AVE STEB
OAKLAND PARK, Florida 33308
(City) (Zip code)

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.

Lowell Gannon
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

LOWELL GANNON MANAGING PARTNER
4420 NE 20TH AVE, OAKLAND PARK, FL 33308

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Lowell Gannon
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

LOWELL GANNON
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 17 P 4:35

FILED

Delaware

PAGE 1

The First State

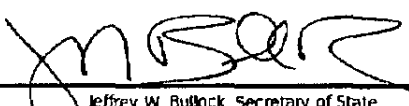
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRENGTH AND BALANCE FITNESS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2015.



5775757 8300

151151951

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2631513

DATE: 08-10-15