# M1600000195

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PICK-UP	☐ WAIT	MAIL			
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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	OKC Fitness Studio, LLC					
Name of Limited Liability Company						
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transence, and check are submitted to register the above referenced foreign limited liability of					
Please return all correspondence concerning this matter to the following:						
	Chad T. Orsatti, Esq					
	Name of Person					
	Orsatti & Associates, P.A.					
	Firm/Company					
	2925 Alternate 19N., Suite B					
Address						
	Palm Harbor, Florida 34683					
City/State and Zip Code						
chad@orsattilaw.com						
	E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
	Chad Orsatti 727 772-9060					
	Name of Contact Person Area Code Dayti	me Telephone Number				
	Division of CorporationsDivision ofRegistration SectionRegistratioP.O. Box 6327Clifton BuiTallahassee, FL 323142661 Exect	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclose		■ \$160.00 Filing Fee, Certificate of Status & Certified Copy				



January 7, 2016

CHAD T. ORSATTI, ESQ. ORSATTI & ASSOCIATES, P.A. 2925 ALTERNATE 19N., SUITE B PALM HARBOR, FL 34683

SUBJECT: OKC FITNESS STUDIO, LLC

Ref. Number: W16000000887

We have received your document for OKC FITNESS STUDIO, 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:

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 416A00000371

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

	ION 605.0902, FLORIDA STATUTES, THE FOL INESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A	FOREIGN LIMITED LIABILITY
1. OKC FITNES (Name of Foreign	SS STUDIO LLC gn Limited Liability Company; must include '	"Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alter Liability Company," "L.L.C,"	ernate name adopted for the purpose of transa or "LLC.")	cting business in Florida. The alternate nan	ne must include "Limited
2 OKLAHOMA	3.	37-1783542	
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI number, if applicable)	
4. JAN 8, 2016	2		_
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) . to determine penalty liability)	
5. 4532 W K	ENNEDY BLVD #508		_ ~ 2
TAMPA FI	33609		2016 J
	(Street Address of Principal C		
6. 4532 W K	ENNEDY BLVD #50	08 .	- 8 m
TAMPA FL	33(009		3 3 C
	(Mailing Address)		- 1923 <b>5</b>
7. Name and street address	of Florida registered agent; (P.O. Box 1	NOT acceptable)	9
Name:	Chad T. Orsatti, Esq.		
Office Address:	2925 Alternate 19 N., Sui	ite B	
	Palm Harbor	, Florida 34683	
Registered agent's accepta	(City)	(Zip code)	_
Having been named as regi designated in this application to complywith the provision	istered agent and to accept service of proon, I hereby accept the appointment as a so of all statutes relative to the proper as y position as registered agent.	registered agent and agree to act in th	is capacity. I further agree
<b>⊷</b>	(Registered agent	's signature)	-
8. The name, title or capac	ity and address of the person(s) who has/	have authority to manage is/are:	
GATOR ON	E FITNESS, LLC	MANAGER	
4532 W K	FNNEDY BLVD #50		
TAMPA F	L 33609		
	of existence, no more than 90 days old, du f which it is organized. (If the certificate omitted)	is in a foreign language, a translation o	
This document is executed i submitted in a document to t	n accordance with section 695,0203 (1) (the Department of State constitutes a third	d degree felony as provided for in s.817	y false information .155, F.S.
	CATOR ONF FITT	NESS, LLC	_

Typed or printed name of signee

#### OFFICE OF THE SECRETARY OF STATE



### CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that OKC FITNESS STUDIO LLC whose registered agent is BUSINESS FILINGS INCORPORATED, with its registered office at 1833 SOUTH MORGAN ROAD OKLAHOMA CITY 73128 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>8th</u>, day of <u>January</u>, <u>2016</u>.

Secretary Of State