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(Requestor's Name) (Address) (Address)	000280665460
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	01/11/1601041023 ***125.00
Special Instructions to Filing Officer:	WI3 PH 2:56
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2016

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ELIZABETH HALL 611 SE 10TH AVENUE DEERFIELD BEACH, FL 33441

SUBJECT: STRIDES ON SITE LLC Ref. Number: W16000002052

We have received your document for STRIDES ON SITE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 216A00000857

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www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 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:



For further information concerning this matter, please call:

Name of Contact Person Area Code Daytime Telephone Number

HAILING 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 scheck 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," 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 (Jurisdiction under the law of which foreign limited liability FEI number, if applicable company is organized) (Date first transacted business in Florida, if prior to registration.) e sections 605.0904 & 605.0905, F.S. to determine penalty liability) TD Address char Recent Principal Office Mailing 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jame: Office Address: Florida (City) **Registered agent's acceptance:** 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 application, I hereby accept the appointment as registered agent and agree to act in this capecity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famillar with and .ccept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; manager з 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the , urisdiction 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) 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. \mathcal{F}

Typed or printed name of signee

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: 171865 Visit <u>https://app.sos.ky.gov/ftshow/certvalidate.aspx</u> 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,

Strides On Site LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is May 13, 2014 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 6th day of January, 2016, in the 224th year of the Commonwealth.



Kurdergan Creimes

Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 171865/0887060