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(((H160001303793)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SUPERBLZ.COM, INC.

Account Number : I20070000160

: (800)494-3124 Phone

Fax Number

: (305)675-2811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	:
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Foreign Limited Liability Company FIT SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

[17

APPLICATION BY	FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION	TO	TRANSACT BUSINESS
•	IN FLORIDA	Н1	8000130379.3

		ION 605,0902, FLORIDA STATUTES, THE SINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED	TO REGISTER A	POREIGN LIN	MIED LIABILITY
	FIT SOLUTIONS, L	LC				
t,	(Name of Forei	gn Limited Liability Company; must incl	ude "Limited Liability Compar	ıy," "L.L.C" or	"D.C.")	
	LIV FUSION, LLC					
	forme unavailable, enter alto inbility Company," "LLC,"	emate name adopted for the purpose of tr or "LLC.")	areacting business in Florida.	The alternate nau	ne must include	e "Limited
2.	GEORGIA		26-2616217			
	(Jurisd:ction under the law o company is organized)	I which foreign limited liability	(FFI) numb	er, if applicable)		
4.	·	(Date first transacted business in (See sections 605.0904 & 605.0905)	Florida, if prior to registration.)	-	
5.	105 E CODA CIRCI	_				
	DELRAY BEACH, I			-	<u> </u>	
6	165 E CODA CIRCL	(Street Address of Princi E	pai villice)		SEC TALL	
	DELRAY BEACH, I	FLORIDA 33444			CAR TAI	5 (1)
		(Mailing Addre	55)		N Est	سيمسي
7.	. Name and street address	of Florida registered agent: (P.O. B	ox NOT acceptable)		SSECT AT	i Helariiks
	Name:	JOE PRITCHETT			1 771	Seam
	Office Address:	105 E CODA CIRCLE			STATE LORID	л
		DELRAY BEACH	, Florida _	33444	125	•
•	legistered agent's accepta	(City)		(Zip code)		
H de 10	laving been named as reg esignated in this applicati o comply with the provision	istered agent and to accept service of on, I hereby accept the appointment ons of all statutes relative to the propy position as registered agent	as registered agent and agi	ree to act in this	capacity. I	further agree
		(Registered	agent's signature)		Ţ	
8	3. The name, title or capac	eity and address of the person(s) who	has/have authority to manag	ge is/arc:		
	AMBR: JOE PRITCHI		DELRAY BEACH, FLORI			
-					· 	
-						
_						
jı	. Attached is a certificate oursdiction under the law of the translator must be sui	of existence, no more than 90 days of twhich it is organized. (If the ceitificomitted)	d duly anthemicated by the cate it in a foreign ladguage	official having a manslation o	quetody of re filte certifica	ecords in the need mader oath
			- authorized our -		+	
		- ·	nauthorized person			
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that an submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817 JOE PRITCHETT						ution
			d name of signee		_	
		1 2 hed ex blune	the transfer of sections	H1:	60001303	79.3

H16000130379 3 Control Number: 07059212

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FIT SOLUTIONS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number :13183563 :07/18/2007 :Georgia :05/25/2016 :211



Brian P. Kemp Secretary of State