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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	NOMISJ FITNESS, LLC
бово	Name of Limited Liability Company
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please re	urn all correspondence concerning this matter to the following:
	Charles Simon
	Name of Person
	C/O Jacks Investments, LLC
	Firm/Company
	5155 Corporate Way Suite E
	Address
	Jupiter, FL 33458
	City/State and Zip Code
	csimon@jacksinvestments.com
	E-mail address: (to be used for future annual report notification)
For furth	r information concerning this matter, please call:
	Charles Simon 561 847-4658
	Name of Contact Person Area Code Daytime Telephone Number
	AILING ADDRESS: Division of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for the following amount: \$\mathbb{A}\$ \$125.00 \text{Filing Fee} \mathbb{B}\$ \$155.00 \text{Filing Fee} \mathbb{B}\$ \$160.00 \text{Filing Fee, Certificate}

\$155.00 Filing Fee & Certified Copy

Certificate of Status

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:

			or "LLC.")
If name unavailable, enter a	Iternate name adopted for the purpose	of transacting business in Florida. The alternate na	ame must include "Limited
iability Company," "L.L.C,		-	
OHIO	4.44.574.54	3. 81-3937883	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	le)
1 02 16 /0 - 2	28-16		
	(Date first transacted business (See sections 605,0904 & 605.0	s in Florida, if prior to registration.) 1905, F.S. to determine penalty liability)	
11021 Southern BLvd	•		
Royal Palm Beach, FL	33411		 -
	(Street Address of Pr	rincipal Office)	
C/O Jacks Investments	S		3
	Suite E, Jupiter, FL 33458		FILED TO NOV 14 AM IO:
5155 Corporate Way 2	(Mailing A	ddress)	
	, -		
. Name and street addre	ss of Florida registered agent: (P.C	J. Box NOT acceptable)	
Name:	Charles Simon		
Office Address:	5155 Corporate Way Suite E		55 54
	Jupiter	, Florida 33458 (Zip code)	
legistered agent's accep	(City)	(Zip code)	
esignated in this application complywith the provisi	tion, I hereby accept the appointment on sof all statutes relative to the party position as registered agent.	ice of process for the above stated limited lia ment as registered agent and agree to act in to proper and complete performance of my duti red agent's signature)	this capacity. I further o
3. The name, title or cap	acity and address of the person(s) v	who has/have authority to manage is/are:	
•	• ` ` `	who has/have authority to manage is/are:	<u></u>
Charles M. Simon, manag	ging member	who has/have authority to manage is/are:	
8. The name, title or capa Charles M. Simon, manag 5155 Corporate Way Suit Jupiter, FL 33458	ging member	who has/have authority to manage is/are:	·····
Charles M. Simon, manage 5155 Corporate Way Suit upiter, FL 33458	ging member e E c of existence, no more than 90 day of which it is organized. (If the cer	who has/have authority to manage is/are: sold, duly authenticated by the official havin	ng custody of records in to
Charles M. Simon, manage 5155 Corporate Way Suit Supiter, FL 33458 2. Attached is a certificate urisdiction under the law	e E of existence, no more than 90 day of which it is organized. (If the cefubmitted)	s old, duly authenticated by the official havin	ng custody of records in the certificate under
Charles M. Simon, manage 5155 Corporate Way Suit Supiter, FL 33458 2. Attached is a certificate curisdiction under the law of the translator must be such that the supiter of the translator must be supplied to the translator m	e E of existence, no more than 90 day of which it is organized. (If the cell ubmitted) Signature of din accordance with section 605.02	s old, duly authenticated by the official havin rificate is in a foreign language, a translation	of the certificate under of

Typed or printed name of signee

Charles M. Simon

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NOMISJ FITNESS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3939238, was organized within the State of Ohio on September 8, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.

V 14 AH 10: 56



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of November, A.D. 2016.

Ohio Secretary of State

n Hustel

Validation Number: 201631903492