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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	isiness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly



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K. SALY JAN 1 8 2017



1000 Riverwalk Drive, Suite 200 PO Box 50130 Idaho Falls, Idaho 83405

> Tel: (208) 523-0620 Fax: (208) 523-9518 www.holdenlegal.com

nneikle@holdenlegal.com

January 16, 2017

VIA FEDERAL EXPRESS

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: ijump Gainesville, LLC

Dear Sir or Madam:

I have enclosed the following documents for processing:

- 1. Cover Letter;
- 2. Application by Foreign Limited Liability Company; and
- 3. Certificate of Existence.

Also enclosed is our check in the amount of \$125 in payment of the filing fee.

Thank you for your assistance in this matter.

Best regards,

Ryan B. Meikle

Enclosures

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Established in 1896

COVER LETTER

TO: Registration Section Division of Corporations

ijump Gainesville, LLC

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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:

Ryan Meikle

Name of Person

Holden Kidwell Hahn & Crapo P.L.L.C.

Firm/Company

PO Box 50130

Address

Idaho Falls, Idaho 83405

City/State and Zip Code

rmeikle@holdenlegal.com

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

For further information concerning this matter, please call:

Robert Couch		208 at ()	5230620
Name	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS		S	TREET ADDRESS:
Division of Corporation	\$	Di	vision of Corporations
Registration Section		Re	egistration Section
P.O. Box 6327		CI	ifton Building
Tallahassee, FL 32314		26	61 Executive Center Circle
		Тa	Illahassee, FL 32301
Enclosed is a check for the follow	ving amount:		
\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	Certified Copy	ee & □\$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:

mi

ijump Gainesville, LLC

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12.0

,

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Idaho	3.		
(Jurisdiction under the law company is organized)	of which forcign limited liability	(FEI number, if applicable)	
ļ			-
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	nida, if prior to registration.) S. to determine penalty liability)	
6250 NW 23rd Street			7. 10
Gainesville Florida 32	:653		2017 JAN
· · · · · · ·	(Street Address of Principal	Offico)	THE F
P.O. Box 50130			STR. 1
Idaho Falls, Idaho 834	105		Eror H
	(Mailing Address)		FINAL
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	RID
Name:	Capitol Corporate Services, Inc.		4.64
Office Address:	155 Office Plaza Dr Ste A	<u> </u>	
OTHOU A RULE OB.	Tallahassee,	Florida 32301	

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 capacity. I further agree to complywith 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.

(Registered agent's signature) er Cle

Peggy Calder, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

1 1 47 1 1

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

Spencer Nead (Manager) - P.O. Box 50130, Idaho Falls, Idaho 83405

Michael Clark (Manager) - P.O. Box 50130, Idaho Falls, Idaho 83405

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)

Merkle

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.

Ryan B. Meikle

Typed or printed name of signee

1/13/2017

IDSOS CERTIFICATE OF EXISTENCE



Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF



IJUMP GAINESVILLE, LLC

File Number W-164435

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 4/01/2016.

I FURTHER CERTIFY That the limited liability company's certificate of organization has not been dissolved.

Dated: 1/13/2017 2:14 PM



amenne Q

SECRETARY OF STATE

Authentic Access Idaho Document (<u>http://www.accessidaho.org/public/portal/authenticate.html</u>) Tag: b5ae5f5ff8d740871dcc275ea15f89e2d7e889dd6c9e12cf48abef8fb42c20c291cb51ba9f69b9c6