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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

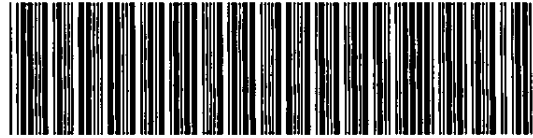
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 18 2017



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

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Idaho Falls, Idaho 83405

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meikle@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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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ijump Gainesville, LLC

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

5230620

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

MAILING 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 a check 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ijump Gainesville, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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. Idaho (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6250 NW 23rd Street
Gainesville Florida 32653
(Street Address of Principal Office)

6. P.O. Box 50130
Idaho Falls, Idaho 83405
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Capitol Corporate Services, Inc.
Office Address: 155 Office Plaza Dr Ste A
Tallahassee, Florida 32301
(City) (Zip code)

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2017 JAN 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 capacity. I further agree to comply with 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.

Peggy Calder
(Peggy Calder, Assistant Secretary on behalf of Capitol Corporate Services, Inc.)
(Registered agent's signature)

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)

Ryan B Meikle
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 signer

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

IJUMP GAINESVILLE, LLC

File Number W-164435

FILED
2017 JUN 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, LAWRENCE 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



SECRETARY OF STATE

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