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(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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SECKELARITOR STATE
MANASSELL, FLORED.

D. SCOTT JUN 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: P.E.A.C.E. Fitness L.L.C				
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:				
Mary Thomas Name of Person				
P.E.A.C.E. Frances LLC				
Firm/Company				
1150 19th St. No St. Petersburg				
JH. Peters burg FL 33713 eny/State and Zip Code				
mtbellik @ adl. com E-mail address: (to be used for future annual report notification)				
E-man address. (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mary Thomas at (727) 480-1175 Name of Contact Person Area Code Daytime Telephone Number = = =				
Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

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

IN COMPLIANCE WITH SEC	TION 605.0902, FLORIDA STATUTES, THE	E FOLLOWING IS SUBMITTED TO REGIST	TER A FORFIGN LIMITED LIABILITY
COMPANY TO TRANSACT BU	ISINESS INTHE STATE OF FLORIDA:		
1. P. E. H. C.	E. Fitness Lin	L,C nited Liability Company,""L.L.C.," or "L1.C."	3
P.E.A.C	.E. Training &	LLC	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The alternate name must include "Limited Lia	
2. (Jurisdiction lander the law of w	ich foreign limited liability company is organized)	3. 82-176516 (FEI num	ber, if applicable)
4. N/A	7/29/17 (Wantho ope, (Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	n) r to registration.)	
5 1150 19th	St No	6 1428 Press	H SLSO
St Petersbu		St peters be	Mg FL 33712
7. Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	John Thomas		
Office Address:	1428 Prescott S	F-50	
	St Peters burg	, Florida 337	12
to comply with the provisi		t as registered agent and agree to act per and complete performance of my	
	(Registered age)	nt's signature)	一颜面丽
8. The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who Name and Address:	has/have authority to manage is/are: Title or Capacity:	Name and Address:
Owner	Mary Thomso 1428 Prescott St St. Petersburg 3:	<u> </u>	- C13- 1- 10
· · · · · · · · · · · · · · · · · · ·			
(Use attachments if neces	Sary)		
	of which it is organized. (If the certifi-	d, duly authenticated by the official hacate is in a foreign language, a translat	
	the Department of State constitutes a	203 (1) (b), Florida Statutes, I am awa third degree felony as provided for in	
	Mary Thom	a S	

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

P.E.A.C.E. Fitness, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 6, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000756738**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of June, 2017 at 12:03 PM. This certificate is assigned 023370929.



Secretary of State

FILED
7 July 19 PM 4: 29
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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.