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SECRETARY OF STATE

SECRETARY OF STATE

O SIMMONS FEB 2 1 2019 In Balance Accounting LLC. 1211 1st Ave North Suite 202A 727-350-3738 [ 727-499-7450 ]

# fax

TO:	Ms.Simmons	FROM:	Richard Grych	
FAX:	850-245-6030	PAGES:	2	
PHONE:	k Mary (Magania, 19. magania <del>ya ma</del> ninami manana ma manana manana manana in a man anana paminagan	DATE:	02/20/2018	رود و القريرون الراح الراج الر
RF:	Boost Management FI LLC	. <b>c</b> c:		
	rgent For Review	Please Comment	Please Reply	Please Recycle
ą	er-our phone conversation, I have	attached the Certificate of (	Sood Standing for Boost N	Management FI LLC
F	lorida Doc Number: W1800001666	3.		
т	hank You!			

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#### **COVER LETTER**

TO:

	Boost Management FL, LLC			
SUBJ	Name of	Limited Liability (	Company	
The er Existe	nclosed "Application by Foreign Limited Liability Comence, and check are submitted to register the above refer	pany for Authoriza renced foreign limi	ition to Tra ted liability	insact Business in Florida," Certificate company to transact business in Flori
lease	e return all correspondence concerning this matter to the	e following:		
	Richard S Grych			
	N	Name of Person	<del></del>	
	In Balance Accounting, LLC			
	F	Firm/Company		A
	1211 1st Avenue North, Suite 202A			
		Address		
	St. Petersburg, FL 33705			
	City/	State and Zip Code	<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	rich.inbalanceaccting@gmail.com			
	E-mail address: (to be use	ed for future annua	l report not	ification)
For fu	urther information concerning this matter, please call:			
	Richard S Grych	727 at (	350-37	38
	Name of Contact Person	Area Code	Day	rtime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301
Enclo	sed is a check for the following amount:  S125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Fili 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:

oost Management FL, LLC  name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "I  Wyoming  (Jurisdiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  412 N Main Street, STE 100  (Street Address of Principal Office)  Buffalo, WY 82834  6. 1211 1st Avenue North, Suite 202A  (Mailing Address)  St. Petersburg, FL 33705	L.L.C." or "LLC.")
Wyoming  (Jurisdiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  412 N Main Street, STE 100  (Street Address of Principal Office)  6. 1211 1st Avenue North, Suite 202A (Mailing Address)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  412 N Main Street, STE 100 (Street Address of Principal Office)  6. 1211 1st Avenue North, Suite 202A (Mailing Address)	
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412 N Main Street, STE 100 (Street Address of Principal Office)  6. 1211 1st Avenue North, Suite 202A (Mailing Address)	
•	<u></u>
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
The state of the s	哥里
Name: Richard S Grych	~ ~ <u>_</u>
Office Address: 1211 1st Avenue North, Suite 202A	FEB 20 A
	交互
St. Petersburg, Florida 33705	2 4
egistered agent's acceptance: (City) (Zip code)	気の
ed accept the obligations of my position as registered agent.	
- A Stran	
(Registered agent's signature)	
(Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	l Address:
(Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and  Manager  Garrett Sell	l Address:
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Manager  Garrett Sell  3001 Countryside Blvd.	l Address:
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Output  Description:	l Address:
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and  Manager  Garrett Sell  3001 Countryside Blvd.	l Address:
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Manager  Garrett Sell  3001 Countryside Blvd.	l Address:
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and  Manager  Garrett Sell  3001 Countryside Blvd.	l Address:

Typed or printed name of signce

## STATE OF WYOMING Office of the Secretary of State

W18000016663

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **Boost Management, LLC**

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 26, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000707552**.

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 20th day of February, 2018 at 10:20 AM. This certificate is assigned 025596325.

Acting Secretary of State

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.