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COVER LETTER

TØ:	Registration Section Division of Corporations			
SUBJ	Peak Performance Training LLC			
SUBJ		Name of Limited Liability Company		
The en	closed "Application by Foreign Limited Lince, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence concerning this i	natter to the following:		
	Stormy Kubatzke			
		Name of Person		
Firm/Company				
86021 Eastport Drive				
		Address		
Fernandina Beach, Florida 32034				
	-	City/State and Zip Code		
	stormykubatzke@gmail.com			
	E-mail addres	s: (to be used for future annual report notification)		
For fu	rther information concerning this matter, pl	case call:		
	Stormy Kubatzke	904 556-0155 at ()		
	Name of Contact Perso			
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		
Enclos	sed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Certificate of			



August 9, 2018

STORMY KUBATZKE 86021 EASTPORT DRIVE FERNANDINA BEACH, FL 32034

SUBJECT: PEAK PERFORMANCE TRAINING LLC

Ref. Number: W18000072176

We have received your document for PEAK PERFORMANCE TRAINING LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 518A00016390

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Peak Performance Trai				
(Name of Foreign	Limited Liability Company, must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")	
Peak Performance LLC				
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Lie	ability Company," "L I. C," or "LLC,")	
2 Dolawa	ペン	3 83-0870994		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)		
X 1) 1				
4. N/A				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration) ine penalty liability)		
5. 86021 Eastport Drive		6. 86021 Eastport Drive		
(Street Address of	Principal Office)	(Mailing Address)		
Fernandina Beach,Flor	ida 32034	Fernandina Beach, Florida	32034 ALS 2	
			GR Z	
			E 6 -	
			10 × -	
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	SE ² ω I	
Name:	Harrison Poole		THE R	
ivanic.			75 7 0	
Office Address:	303 Centre St Suite #200		8: 2! 8: 2! S [AT]	
	r r r	22024		
	Fernandina Beach	, Florida 32034		
Registered agent's accep	(Crty)	(Zip co	de)	
and accept the obligation	s of my position as registered agent			
	(Registered agent's	sigrature)		
0 79 454				
-	acity and address of the person(s) who ha	· · · · · · · · · · · · · · · · · · ·	Name and Address	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
BWYEN	Stormy Kuba	utz Ke		
	86021/Eastpo	at Dr.		
	Ferriard Da Be	tach, PL		
	32034			
				
	<u> </u>	_		
	- , , 	-		
(Use attachments if neces	sary)			
9 Attached is a certificate	of existence, no more than 90 days old,	duly authenticated by the official b	aving custody of records in the	
	of which it is organized. (If the certificat			
10.77	. 1:	2 (1) (1) (2) (3) (4) (4)	4	
	cuted in accordance with section 605.0203 of the Department of State constitutes a th			
sconduce in a goodinent is	or the Department of State constitutes a ut	Mo degree reiony as provided for in	3.017.133,133.	
		Vuv		
	Signature	of an authorized person		
		6 1 1 100		
	> Drwu 1	n obatelle		

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PEAK PERFORMANCE TRAINING LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEAK PERFORMANCE TRAINING LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203231809

Date: 08-10-18

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