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COVER LETTER 2

TO:	Registration Section Division of Corporati	ons					
SUBJE	Liberty Fire Fitne						
		Name of	Limited Liability	Company		_	
The end Existen	closed "Application by F ce, and check are submit	oreign Limited Liability Comp tted to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ited liabilit	ansact Business in Florida. y company to transact bus	" Certific iness in F	ate of lorida.
Please	return all correspondence	e concerning this matter to the	following:			ن اور اور	:
	Louis Regine					· 0	,
		N'	ame of Person	· 		.ე 	ò
	Liberty Fire I	Fitness LLC				?	- 4
		F	irm/Company			 	
	631 NE 10th	Ave, Apt 2			ŕ		
			Address		·	~	
	Fort Lauderd	ale, Florida, 33304					
		City/S	tate and Zip Code			_	
	lj@roxfirefitne	ss.com					
		E-mail address: (to be use	d for future annua	l report no	tification)	~	
For furt	her information concern	ing this matter, please call:					
	Louis Regine		401	400-96	06		
	Name	of Contact Person	at (Area Code)()	rtime Telephone Number	_	
			nica code				
	MAILING ADDRESS Division of Corporatio				FADDRESS: of Corporations		
	Registration Section			Registrat	ion Section		
	P.O. Box 6327 Tallahassee, FL 32314				duilding ecutive Center Circle see, FL 32301		
Enclose	ed is a check for the follo	wing amount:					
	□ \$125.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		:

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

IN COMPLIANCE WITH SECTION 605-0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite	d Liability Company," "L L.C.," or "LLC.")		_
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fk	2		LC.T)
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI numb	er, if applicable)	_
4. N/A			7.2	
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration)		
5. 631 NE 10th Ave, Apt		631 NE 10th Ave, Apt 2	3	- ••
(Street Address of Fort Lauderdale, Florid		Fort Lauderdale, Florida, 3.	3304	-
				
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	(5)	
Name:	Louis Regine		÷	
Office Address:	631 NE 10th Ave, Apt 2			
	Fort Lauderdale	Florida 33304 (Zip code		
designated in this applica to comply with the provisi	gistered agent and to accept service of pation, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to act	in this capacity. I furt	her agree
,	s of my position as registered agent.	ruis J RosneII		
,	(Registered agent's	ruic J RejaeII		
		ruis J ResneII	Name and Address	
8. The name, title or capa	(Registered agent's acity and address of the person(s) who ha	sugnature) signature) signature) signature)	Name and Address	<u>:</u>
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who have and Address:	signature) ss/have authority to manage is/are: Title or Capacity:	1.1.	<u>:</u>
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who have and Address:	signature) ss/have authority to manage is/are: Title or Capacity:	1.1.	<u>:</u>
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who have and Address: Leus Regine 631 UC Und Aug April Fort Laubikau, 123	signature) ss/have authority to manage is/are: Title or Capacity:	1.1.	<u>:</u>
8. The name, title or capa Title or Capacity: Owner (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be si 10. This document is exec	sary) of existence, no more than 90 days old, of which it is organized. (If the certificate obthe Department of State constitutes a thing the Department of State constitutes a thing of the Department of State con	suplature) signature) is/have authority to manage is/are: Title or Capacity: Owner John duly authenticated by the official have is in a foreign language, a translati	Joe West me 2234 WAB ARLINGTON, wing custody of records on of the certificate uncertainty that any false information in the certificate uncertainty that any false information in the certificate uncertainty that any false information is the contraction is the co	in the deroath

Commonboealth of Hürginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Liberty Fire Fitness LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 5, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

1028



Signed and Sealed at Richmond on this Date: September 14, 2018

Joel H. Peck, Clerk of the Commission

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