# M1800000 9577

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Spores w Jim Purum and 10124/18  C 2:15 PM ZSCEINY PERMISSIAN TO  ADD SAME AS BELOW ON PAR  SIGNATURE LINE.

Office Use Only



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A BIK

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:		Name of I	Limited Liability Co	ompany		
The enclosed Existence, an	"Application by For d check are submitte	eign Limited Liability Comp d to register the above refere	pany for Authorizati enced foreign limite	ion to Tra d liability	nsact Business in Florida," or company to transact busine	Certificate of ess in Florida.
Please return	all correspondence of	concerning this matter to the	following:			
	James Putnam					
		Na	ame of Person	<del></del>		
	VITAFIT LLC					
		Fi	rm/Company			
	11523 PALMB	RUSH TRL STE 107				
	·- · · · · · · · · · · · · · · · · · ·		Address			
	BRADENTON	FLORIDA 34202				
		City/S	tate and Zip Code			
	JIM@BLUETOV	WNUSA.COM				
		E-mail address: (to be used	d for future annual r	report not	ification)	
For further in	formation concerning	g this matter, please call:				
JIM	PUTNAM		941 at (	447-245		
-	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount:  \$\square\$ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.	

# 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:

iame unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The r	Illemate name must include "Limited Li	ability Company,"	"L.L.C," or "LI.C.		
WYOMING			83-2054424				
(Jurisdiction under the law of which foreign limited liability company is organized)			(Fill number, if applicable)				
<del></del>	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration me penalty	n.) / liability)	<del></del>			
11523 PALMBRUSH (Street Address of			11523 PALMBRUSH TR (Mailing Ad	AIL			
(Street Address of SUITE 107	Principal Office)		(Mailing Ad SUITE 107	dress)			
BRADENTON FLOR	IDA 24202	BRADENTON FLORIDA 34202					
BRADENTON FLOR	IDA 34303		BRADENTONTEORIDA	34202	<u>ლ</u>		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	accentable)		Ë,		
		1.121			5 -		
Name:	JAMES PUTNAM		<del></del>		.≥		
Office Address:	11523 PALMBRUSH TRAIL SUITE	107	<del></del>		CT 15 MM10: 2:		
	BRADENTON		, Florida 34202		1/2		
	(City)		(Zip co	de)	٠ <u>.</u>		
	ions of all statutes relative to the proper is of my position as registered agent. SAME AS BLOOW	and co		duties, and	I am familia		
d accept the obligation	ions of all statutes relative to the proper is of my position as registered agent. SAME AS BLOW (Registered agent's	signature)	omplete performance of my	t in ims cape duties, and	I am familia		
d accept the obligation	ions of all statutes relative to the proper is of my position as registered agent. SAME AS BLOOW	signature)	omplete performance of my	duties, and	I am familia d Address:		
d accept the obligation  The name, title or cap	ions of all statutes relative to the properties of my position as registered agent.  SAME AS BLOW  (Registered agent's acity and address of the person(s) who has	signature)	authority to manage is/are:	duties, and	I am familia		
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Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### VitaFit LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on September 28, 2018, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2018-000822426.

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 8th day of October, 2018 at 12:23 PM. This certificate is assigned 028199335.

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.