

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		enerate another cover sheet	
To:	Division of Cor Fax Number	porations : (850)617-6383	
From:	Account Name Account Number Phone Fax Number	: ALLSTATE CORPORATE : I20040000031 : (800)906-9220 : (800)906-9880	بي SZRVICE S- C ORP

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company BOCAFIT GROUP LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations
BOCAFIT GROUP LLC
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:
Allstate Corporate Services Corp.
Name of Person
2215 HENDRICKSON STREET, SUITE 1
Firm/Company
Address
Brooklyn, NY 11234
City/State and Zip Code
filing@acs123.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Naomi Ostopowitz 800 \ 906-9220
Name of Contact Person Area Code Daytime Telephone Number
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
Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155,00 Filing Fee & □ \$160.00 Filing Fee, Certificate □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155,00 Filing Fee & □ \$160.00 Filing Fee, Certificate □ \$125.00 Filing Fee & □ \$160.00 Filing Fee, Certificate □ \$160.00 Filing Fee, Certificate □ \$160.00 Filing Fee, Certificate

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:

FOREIGN LIMITED LIABILITY COMPANY 1. BOCAFIT GROUP LLC			
(Name of Foreign Limited Liability Co			
(If name unavailable, enter alternate name adopted f Liability Company," "L.L.C." or "LLC.")		ness in Florida. The alternate name	must include "Limited
, DELWARE	3. <u>N/A</u>		<u> </u>
(Jurisdiction under the law of which foreign limit company is organized)	ed liability	(FEI number, if applicable	7 17
4 UPON REGISTRATION	<u> </u>		五五
(Date first tra (See sections 60)	insacted business in Florida, if pri 5.0904 & 605.0905, P.S. to determ	or to registration.) mine penalty liability)	ب ب
5. 2625 S. STATE ROAD	7, WELLINGTO	N, FL 33414	· · · · · · · ·
	(Street Address of Principal	Office)	-
6. 2625 S. STATE ROAD	7, WELLINGTO	N, FL 33414	
	(Mailing Address)		
7. The name, title or capacity and add	iress of the person(s) who	has/have authority to man	nage is/are:
MARC ELKMAN, MBR: 262	S STATE ROAL	7. WELLINGTON	, FL 33414
MARC ELRIVIAN, MBR. 202	3 0, 01/112 110/11		<u></u>
		_	
8. Attached is an original certificate of having custody of records in the jurisd acceptable. If the certificate is in a for must be submitted)	diction under the law of weign language, a translation	mich if 19 ofewnized. CA St	forfocoby is tro-
54	MAS		_
(In accordance with section 605,0203, F.S., the execution am aware that any false information submitted in a door	Signature of an authorized of this document constitutes an affiliament to the Department of State cons		that the facts stated herein are true d for in \$.817.155, F.S.)
	Authorized Person		_
	Typed or printed name or	f signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

BOCAFI	T GROUP LLC	. 6
If unavailable, t	he alternate to be used in the state of Florida is:	11/5
2. The name ar	nd the Florida street address of the registered agent and office are:	# 9 33
	Registered Agent Solutions, Inc.	
	(Name)	
	155 Office Plaza Dr., Suite A	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	. _
	Tallahassee FL 32301	
	City/State/Zip	
liability compa	amed as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the goal to the proper and complete performance of my duties, and I am fant gations of my position as registered agent as provided for in Chapter	e provisions of all nillar with and

Steven Welss, Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BOCAFIT GROUP 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 FIRST DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOCAFIT GROUP LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2018.

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

Authentication: 203820874

Date: 11-01-18

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