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	Division of Corporations	- 一
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	Account Number : 110432003053	កាំក
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annual	email address for this business entity to report mailings. Enter only one email address:	
		

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Foreign Limited Liability Company Climb Franchise Systems LLC

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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:

(V	Limited Liability Company; must include "Lin	muled Euchtlity Company," "LitaCs, or "LLA	un)
() fragra unavailable, crier alteriore o	ume adopted for the purpose of transacting business in	Florida. The elterrate more must include "Limaco	Liability Company," "LLC," or "LLC.")
2. Delaware		3.	
(Jurisdiction under the law of w	hich five ign littrace liability company is organized)	(म्यो	number, if applicable)
4 Upon filing			
	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to det	or to registration.) termine penalty liability)	5 2
175 Park Ave.	•	6. 175 Park Ave.	ZOIB NOV
5. (Strem Address of	Principal Office)	(Mailing.	Address)
Madison, NJ 07940		Madison, NJ 07940	
			<u> </u>
			SS A
7. Name and street addres	ss of Florida registered agent: (P.O. F	Box <u>NOT</u> acceptable)	
Name:	Corporate Creations Network Inc.		AM IO: 03
Office Address:	11380 Prosperity Farms Road #221	E	· 🛱 🐱
0,1100,120,000.	Palm Beach Gardens	, Florida 33410 (Zip	
	(City)	, i loriua	code;
	tions of all statutes relative to the pro- is of my position as registered agent.	per and complete performance of n	ny duties, and I am familiar with
and accept the obligation	ions of all statutes relative to the props of my postilon, as registered agent. (Registered age	per and complete performance of n Achley Goldmith, Special 12's signature)	ny duties, and I am familiar with Secretary
and accept the obligation	tions of all statutes relative to the props of my postilon as registered agent.	per and complete performance of n Achley Goldmith, Special 12's signature)	ny duties, and I am familiar with Secretary
8. The name, title or cap. Title or Capacity:	ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	Achley Goldmatth, Special ax's signature) has/have authority to manage is/are Title or Capacity:	ny duties, and I am familiar with Secretary c:
and accept the obligation 8. The name, title or cap.	acity and address of the person(s) who Name and Address: Realogy Services Group 175 Park Avc.	Achley Goldmatth, Special ax's signature) has/have authority to manage is/are Title or Capacity:	ny duties, and I am familiar with Secretary c:
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Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CLIMB FRANCHISE SYSTEMS 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 SECOND DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLIMB FRANCHISE SYSTEMS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 203827885

Date: 11-02-18