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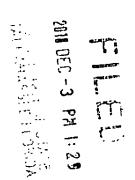
(R	requestor's Name)	_		
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COVER LETTER

	tration Section on of Corporations
	Freestyle, LLC (MAINE)
SUBJECT: _	FREESTYLE STORES LIC (Alternate names
	Mame of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning this matter to the following:
	Barbara Bayer Name of Person
	Name of Person
	Firm/Company
	\mathcal{L}
	240 WORTH AVE., Suite#112
	PALM BENCH #1 33415 City/State and Zip Code
	BFREE Just B. B. G. MAIL C. D'M E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
_	Barbara Rayer at (561) 810 - 03:27 B Name of Contact Person Area Code Daytime Telephone Number: 3
	LING ADDRESS: STREET ADDRESS:
	ion of Corporations Division of Corporations stration Section Registration Section
P.Ö.	Box 6327 Clifton Building hassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Englaced is a	check for the following amount:
٠	S125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee \& \Bigcup \\$155.00 Filing Fee \& \Bigcup \\$160.00 Filing Fee, Certificate of Status \& Certified Copy

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

COS 1	PANTOTRANSACTBU Y C 64 SA (Name of Foreign	HON 605.0002, FLORIDA SEA SINESS IN THE STATE OF FL CED 11 STATE Limited Liability Company, must	ORIDA:				
		REES TYLE ame adopted for the purpose of transac					
		MAINE nich föreign limited linbibly company is			(FEI number, d'appli		- -
4	N/A	(Date first transacted business in (See sections 605 0904 & 605 09		on) iy hability)			
5	240 WC	ORTH AVE.	6	2	40 WOR (Mailing Address)	TH AVE.	•
_	SUITE #	112	_	SUITE	#112		-
_	PALM BE	ACH, FL 3	3480	PA	H112 LM BEAG	CH, FL	. 3348
7. 1	Name and street addres	s of Florida registered ager	nt: (P.O. Box <u>NOT</u>	_acceptable)		20 12.	
	Name:	BAKBAR	en Bay	ER.		ATTABLE	71
	Office Address:	240 WOR					्रह्मा । व्याप्तास्यक्ताः व्याप्तास्यक्ताः
		Suite # 113	2 Painse	ach Florida	33480 (Alp code)	-3 PH 1: 25	
Hav desi _j to co	gnated in this applicate omply with the provision	tance: gistered agent and to acce tion, I hereby accept the ap ons of all statutes relative t of my position as register	ppointment as regis to the proper and c	stered agent and	agree to act in this	capacity. I furth	her agree
			Registered agent a signature	7 A1 -		_	
		,		")			

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	
MANAGER	BAKBAKA BAYER 240 WORTH AVE. SUITE # 1/2 PALM BEACH, FL 33480	
	NA	
		2018 DEC - 3
		70

(Use attachments if necessary)

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Barbara Bayer

Typed or printed name of signee

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that FREESTYLE, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is December 23, 2014.

I further certify that on:

December 23, 2014 CERTIFICATE OF FORMATION was filed.

June 08, 2015 RESIGNATION OF CLERK/AGENT was filed.

August 17, 2015 CHANGE OF AGENT was filed.

No further amendments have been filed to date.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Scal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-seventh day of November 2018.

> Matthew Dunlap Secretary of State