

M19000003897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

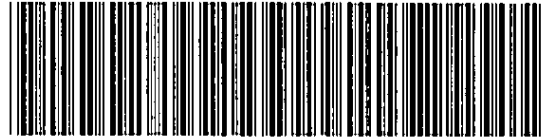
Special Instructions to Filing Officer:

W19000035944

1st pg of app not included

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04/05/19--01015--010 **125.00

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04/05/19

2019 APR 17 AM 01:31

FILED

38 4/9/19
38 4/18/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2019

MAUREEN FIACCO
75 HOGPENNY ALLEY
ALYS BEACH, FL 32461 US

SUBJECT: DBA MOFIT30A, LLC
Ref. Number: W19000035944

2019-04-12 PM 14:15
Sent via Email

We have received your document for DBA MOFIT30A, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

1ST PAGE OF APPLICATION WAS NOT RECEIVED,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Zakiya M Brown
Regulatory Specialist II

Letter Number: 419A00007122

Attn:
Examiner
Fax: 850-245-6030

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Momentum Fitness, LLC, DBA MoFit+30A, 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:

Maureen Fiacco
Name of Person

Momentum Fitness, LLC DBA MoFit+30A, LLC
Firm/Company

75 Hogpenny Alley
Address

Alys Beach, FL 32461
City/State and Zip Code

maureen @ momentum. fit
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Fiacco at (404) 754-5538
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Momentum Fitness LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

DBA MoFit30A, LLC
(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. 83-2405163
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration; see sections 605.0904 & 605.0905, F.S., to determine residency liability)

5. 170 Serenita Rd #3 6. 75 Hoggenny Alley
(Street Address of Principal Office) (Principal Address)

Santa Rosa Beach, FL Alys Beach, FL
32459 32461

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Maureen Fiacco
Office Address: 75 Hoggenny Alley
Alys Beach, Florida 32461
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Maureen Fiacco, as member
(Registered agent's signature)

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2019 APR 17 AM 8:38

DELAWARE, FLORIDA

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424 FL 2019: F & F
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: **Name and Address:**

☐ Manager Name: Maureen Fiacco

☒ Member Address: Incontro II
75 Haggerty Alley

☐ Authorized Alys Beach FL

Person 32461

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: John Fiacco

☒ Member Address: Incontro II
75 Haggerty Alley

☐ Authorized Alys Beach, FL

Person 32461

☐ Other ☐ Other

☐ Manager Name: Grady Kittrell

☒ Member Address: 1676 JD Miller Rd

☐ Authorized Santa Rosa Beach, FL

Person 32459

☐ Other ☐ Other

☐ Manager Name: Jordan Westmoreland

☒ Member Address: 502 Brighton Cv

☐ Authorized Freeport, FL

Person 32439

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. indexed individuals may be added to the index when filing your Florida Department of State Annual Report form

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records of 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.

Maureen Fiacco as member
Signature of an authorized person

Maureen Fiacco, as member
Typed or printed name of signer

FILED

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MOMENTUM FITNESS, 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 TWENTY-SIXTH DAY OF MARCH, A.D. 2019.



7125767 8300

SR# 20192146182

You may verify this certificate online at corp.delaware.gov/authver.shtml


JEFFREY W. BULLOCK, Secretary of State

Authentication: 202515833

Date: 03-26-19