

10/18/2019

Division of Corporations

H1900030953

Florida Department of State
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**Foreign Limited Liability Company
Afterburn Tampa Coaching LLC**

Certificate of Status	0
Certified Copy	1
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OCT 21 2019

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AfterburnTampaCoachingLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 84-3394248
(Jurisdiction under the laws of which foreign limited liability company is organized) (FID number of applicant)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 14701 Saint Mary's Lane, Ste. 600 14701 Saint Mary's Lane, Ste. 600
(Street Address of Principal Office) (Mailing Address)

Houston, Texas 77079 Houston, Texas 77079

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

Name: CTCorporationSystem
Office Address: 1200SouthPineIslandRoad
Plantation 33324
Florida (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

Sam White

Sam White
Assistant Secretary

(Registered agent's signature)

2019-01-18 11:12:32

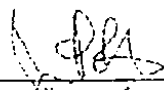
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Afterburn Coaching LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>14701 Saint Mary's Lane</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Ste. 600</u>	<input type="checkbox"/> Authorized Person	_____
	<u>Houston, Texas 77079</u>		_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>James J. Potesta</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>14701 Saint Mary's Lane</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Ste. 600</u>	<input type="checkbox"/> Authorized Person	_____
	<u>Houston, Texas 77079</u>		_____
<input checked="" type="checkbox"/> Other <u>CEO/President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Rahul Aggarwal</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11150 Santa Monica Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Ste. 120</u>	<input type="checkbox"/> Authorized Person	_____
	<u>Los Angeles, CA 90025</u>		_____
<input checked="" type="checkbox"/> Other <u>VP/Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. If 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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.



Signature of an authorized person

James J. Potesta

Type or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFTERBURN TAMPA COACHING 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2019.

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

2019 OCT 18 PM 12:32

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

7639502 8300

SR# 20197616094

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

Authentication: 20382083

Date: 10-18-1