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(Requestor's Name)

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(City/State/Zip/Phone #)

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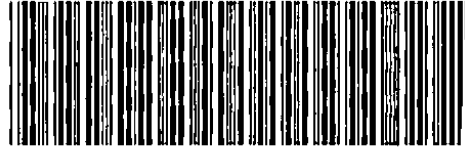
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BRUCE
OCT 21 2018

FRASCO CAPONIGRO
WINEMAN SCHEIBLE HAUSER LUTTMANN
ATTORNEYS AND COUNSELLORS

October 2, 2019

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: *Winter Garden Swim School, LLC*

Dear Sir or Madam:

Enclosed please find the following:

1. An Application by Foreign Limited Liability Company for Authorization to Business in Florida.
2. A Michigan Certificate of Good Standing for Winter Garden Swim School, LLC.
3. Check no. 22208 in the amount of \$125.00, made payable to "Florida Department of State."
4. A stamped, self-addressed return envelope.

If you have any questions, do not hesitate to contact me. Thank you for your assistance in this matter.

Very truly yours,

FRASCO CAPONIGRO WINEMAN
SCHEIBLE HAUSER & LUTTMANN, PLLC



Maureen Livernois
Assistant to Henry Wineman

HW/mcl
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINTER GARDEN SWIM SCHOOL, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C
Existence, and check are submitted to register the above referenced foreign limited liability company to transact business

Please return all correspondence concerning this matter to the following:

HENRY WINEMAN

Name of Person

FRASCO CAPONIGRO WINEMAN SCHEIBLE HAUSER & LUTTMANN, PLLC

Firm/Company

1301 W. LONG LAKE ROAD, SUITE 250

Address

TROY, MI 48098

City/State and Zip Code

HW@FRASCAP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY WINEMAN

248

334-6767

at ()

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
of Status & Certified

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. WINTER GARDEN SWIM SCHOOL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. MICHIGAN
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3235465
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. WINTER GARDEN SWIM SCHOOL
(Street Address of Principal Office)

6. WINTER GARDEN SWIM SCHOOL
(Mailing Address)

5445 LAKE HOWELL ROAD

5445 LAKE HOWELL ROAD

WINTER PARK, FL 32792

WINTER PARK, FL 32792

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

Name: JON THOMAS

Office Address: 5445 LAKE HOWELL ROAD

WINTER PARK, Florida 32792
(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.


(Registered agent's signature)

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

Title or Capacity: Name and Address:

☒ Manager Name: JON E. THOMAS

☐ Member Address: 5445 LAKE HOWELL ROAD

☐ Authorized WINTER PARK, FL 32792

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: GINA M. JACOBI

☐ Member Address: 5445 LAKE HOWELL ROAD

☐ Authorized WINTER PARK, FL 32792

Person _____

☐ 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 purpose 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted)

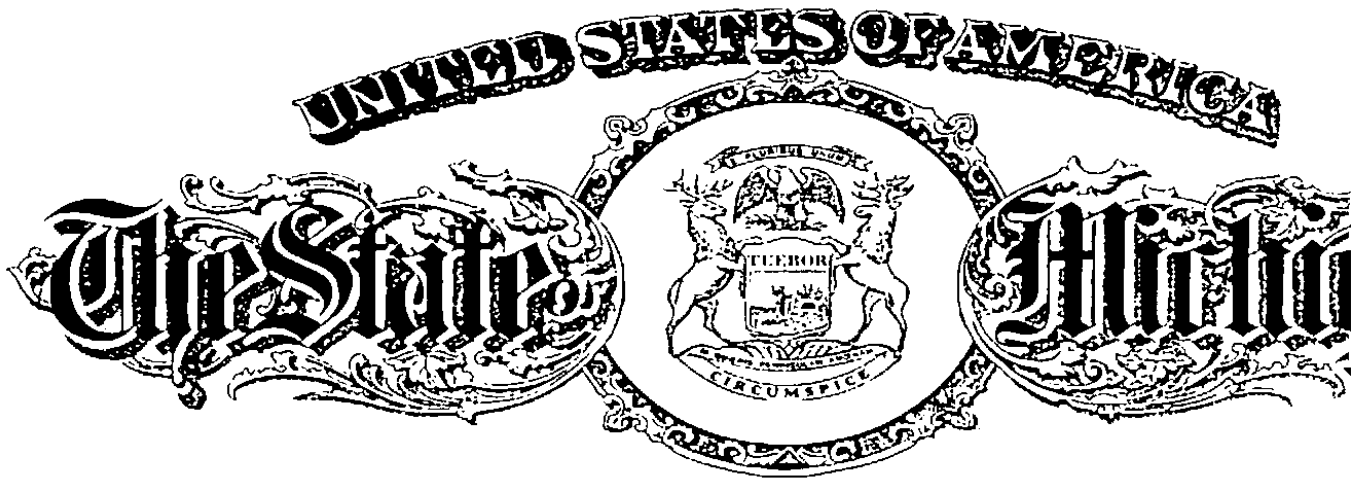
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

HENRY WINEMAN

Typed or printed name of signer



Lansing, Michigan

This is to Certify That

WINTER GARDEN SWIM SCHOOL, LLC

was validly authorized on September 25, 2019, as a Michigan DOMESTIC LIMITED LIABILITY CO and said limited liability company is validly in existence under the laws of this state and has satisfied annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 19105917490

In testimony whereof, I have hereunto set my hand and the seal of the State of Michigan in the City of Lansing, this 2nd day of October, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau