

MI9000011878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

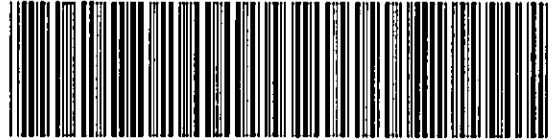
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/19/19--01000--021 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓



A T T O R N E Y S   A T   L A W  
ORLANDO

KELLY M. DIAZ  
E-MAIL ADDRESS  
kdiaz@mateerharbert.com

DIRECT LINE  
(407) 377-6151

November 4, 2019

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2019 NOV 19 PM 3:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Re: Ultimate Trampoline, LLC to transact business in Florida filing

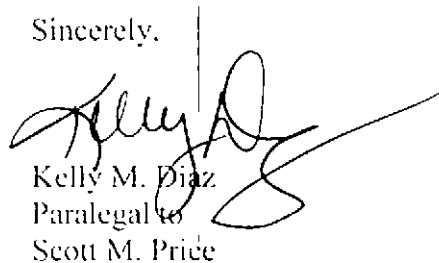
Dear Sir/Madam:

Enclosed please find the following for filing along with our check in the amount of \$125.00 for the filing fees

1. Application for foreign corporation for Authorization to transact business in Florida for Ultimate Trampoline, LLC; and
2. Delaware Certificate of Good Standing for Ultimate Trampoline, LLC.

Also enclosed is a self-addressed stamp envelope for returning the filed documents. Should you have any questions regarding the enclosed or require any further information, please feel free to give me a call at 407-377-6151.

Sincerely,



Kelly M. Diaz  
Paralegal to  
Scott M. Price

kmd  
Enclosures  
4831-7432-0556, v. 1

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ultimate Trampoline, 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:

Scott M. Price, Esquire

Name of Person

Mateer & Harbert, P.A.

Firm/Company

225 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

City/State and Zip Code

luke@metrotime.com

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

For further information concerning this matter, please call:

Kelly Diaz

at ( 407 )

377-6151

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

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**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. Ultimate Trampoline, 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.")

Delaware

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

84-2961301

3. (FEI number, if applicable)

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

5. (Street Address of Principal Office)

12 W. Princeton Street

Orlando, FL 32804

6. (Mailing Address)

12 W. Princeton Street

Orlando, FL 32804

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

Name: Luke Jones

Office Address: 12 W. Princeton Street

Orlando, Florida 32804  
(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)

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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: Luke Jones  
☐ Member Address: 12 W. Princeton Street  
☐ Authorized Orlando, FL 32804  
 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:  
☐ Member Address:  
☐ Authorized  
 Person  
☐ Other ☐ Other

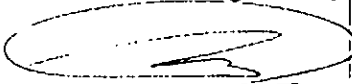
☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
 Person  
☐ Other ☐ Other

☐ 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 purposes only. Non-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 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.



Signature of an authorized person

LUKE JONES

Typed 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 "ULTIMATE TRAMPOLINE, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2019.

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2019 NOV 19 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7592796 8300

SR# 20197526626

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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.

Authentication: 203818352

Date: 10-17-19