

M2000000252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

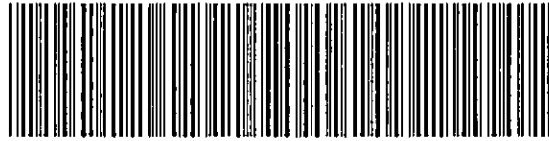
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200341572202

2020 MAR -5 PM 1:53

2020 MAR -5 PM 5:19

T GLASS

MAR 06 2020



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 03/05/2020

Name: Marcel Ogbonna-Amu

Reference #: 1195543

Entity Name: LT (FLORIDA) PROPERTY MANAGEMENT COMPANY, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING AND A GOOD STANDING CERTIFICATE.

ANY ISSUES, CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$160.00

Signature: M. K. O.



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/05/2020

Name: Marcel Ogbonna-Amu

Reference #: 1195543

Entity Name: LT (FLORIDA) PROPERTY MANAGEMENT COMPANY, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING AND A GOOD STANDING CERTIFICATE

ANY ISSUES, CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$160.00

Signature: M. K. O.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LT (Florida) Property Management Company, 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:

Adam Luebke

Name of Person

Life Time, Inc.

Firm/Company

2902 Corporate Place

Address

Chanhassen, MN 55317

City/State and Zip Code

licensing@lt.life

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

For further information concerning this matter, please call:

Adam Luebke 952 947-0000
Name of Contact Person at () Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 & Cer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LT (Florida) Property Management Company, 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:

Adam Luebke

Name of Person

Life Time, Inc.

Firm/Company

2902 Corporate Place

Address

Chanhassen, MN 55317

City/State and Zip Code

licensing@lt.life

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

For further information concerning this matter, please call:

Adam Luebke

952

947-0000

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

763770-15
- 019

**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. LT (Florida) Property Management Company, LLC
(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
(Jurisdiction under the law of which foreign limited liability company is organized)

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. 2902 Corporate Place
(Street Address of Principal Office)

6. 2902 Corporate Place
(Mailing Address)

Chanhassen, MN 55317
Chanhassen, MN 55317

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

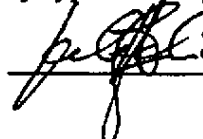
Name: Cogency Global, Inc

Office Address: 115 N. Calhoun St., Ste. 4

Tallahassee, Florida 32301
(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.

 MARCEL OGBONNA-AMIE ASSISTANT SECRETARY.
(Registered agent's signature)

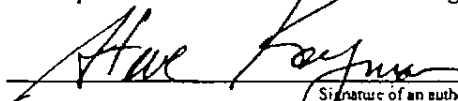
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: *See attached Written Consent with list of names

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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. 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

Steve Kerzman

Typed or printed name of signer

LT (FLORIDA) PROPERTY MANAGEMENT COMPANY, LLC
WRITTEN CONSENT OF THE SOLE MEMBER
IN LIEU OF ORGANIZATIONAL MEETING

The undersigned, being the sole member of LT (Florida) Property Management Company, LLC, a Delaware limited liability company (the "**Company**"), in accordance with the authority contained in Section 14 of the Limited Liability Company Agreement of the Company, does hereby adopt and approve the following resolutions, effective as of February 14, 2020:

RESOLVED, that the following persons be elected to the office(s) of the Company set forth opposite their respective names, such persons to hold such offices until their successors are elected and qualified, and that such officers shall be the only officers of the Company until the election and qualification of their successors:

First	Last	Title
Bahram	Akradi	Chairman and Chief Executive Officer
Thomas	Bergmann	President and Chief Financial Officer
Kari	Broyles	Vice President, Deputy General Counsel, and Assistant Secretary
Eric	Buss	Executive Vice President
Jessica	DePetro	Senior Vice President of Finance and Treasurer
John	Griffith	Senior Vice President of Real Estate and Development
Parham	Javaheri	Executive Vice President of Real Estate and Development
Steve	Kerzman	Director of Tax and Revenue, Assistant Secretary, and Assistant Treasurer
Chris	Lacher	Vice President of Finance, Assistant Secretary, and Assistant Treasurer
Erik	Lindseth	Senior Vice President, General Counsel, and Secretary
Adam	Luebke	Assistant Secretary
Mark	Nordland	Senior Vice President of Mixed Use Development
Chris	Ryan	Senior Associate General Counsel and Assistant Secretary

RESOLVED, that the officers listed above shall have the powers, rights, duties and responsibilities ascribed to their respective offices in the Company's Limited Liability Company Agreement and as determined, designated or prescribed by the Company's member from time to time.

RESOLVED, that, without limiting the authority granted in the Company's Limited Liability Company Agreement, the officers listed above are authorized to sign and deliver any agreement in the name of the Company and to otherwise obligate the Company in any respect relating to matters of the business of the Company, and to delegate such authority in such person's discretion, within parameters approved by the Company's member.

RESOLVED, that the Company shall keep its financial and tax records on the basis of a fiscal year ending on December 31st.

RESOLVED, that the officers of the Company are, and each of them acting alone is, hereby authorized and directed to execute and deliver on behalf of the Company all bank resolution forms which may be necessary to open such bank accounts on behalf of the Company, and to execute and deliver on behalf of the Company such forms related to income, sales and use, or any other taxes or foreign qualifications, each as the officers of the Company deem necessary or desirable, and that each officer is further authorized to certify all required bank resolution forms.

RESOLVED, that all actions taken by the initial authorized person of the Company to organize the Company, including without the limitation the filing of the Certificate of Formation, are hereby ratified and confirmed.

RESOLVED, that any officer of the Company, be and hereby is authorized, empowered and directed to do and perform such other acts as may be necessary or appropriate to effect the transactions contemplated by the foregoing resolutions.

[Signature page to follow.]

6105-5-19

This Written Consent of the Sole Member is effective as of the date first written above.

LIFE TIME PROPERTY MANAGEMENT
COMPANY, LLC

By: 

Name: Adam Luebke

Its: Assistant Secretary

6/15/11 9-1 11:02

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LT (FLORIDA) PROPERTY MANAGEMENT
COMPANY, 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 FOURTEENTH DAY OF
FEBRUARY, A.D. 2020.

2020-02-14 15:19



7853129 8300

SR# 20201134346

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

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

Authentication: 202394874

Date: 02-14-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:21 PM 02/14/2020
FILED 02:21 PM 02/14/2020
SR 20201134346 - File Number 7853129

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is LT (Florida) Property Management Company, LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 850 New Burton Road, Suite 201 (street), in the City of Dover, Zip Code 19904. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Cogency Global

By: 

Authorized Person

Name: Adam Luebke

Print or Type

2020-02-14 09:19