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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

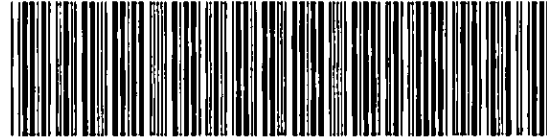
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ChronoTrack Systems Corp. 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:

Kimo Seymour

\_\_\_\_\_  
Name of Person

ChronoTrack Systems Corp, LLC

\_\_\_\_\_  
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:

Licensing Administrator

952

9470000

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

2021-10-11 14:26

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. ChronoTrack Systems Corp, 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. DE

84-4242552

(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)

2902 Corporate Place, Chanhassen, MN 55317

2902 Corporate Place, Chanhassen, MN 55317

5. (Street Address of Principal Office)

6. (Mailing Address)

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

Name:

Cogency Global Inc.

Office Address:

115 North Calhoun Street, Suite 4 (Leon County)

Tallahassee

(City)

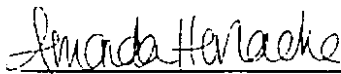
Florida

32301

(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.



Amanda Herlache Asst. Secretary

(Registered agent's signature)

|  |  |
|--|--|
| <p><b><u>Title or Capacity:</u></b></p> <p><input type="checkbox"/> Manager      Name: <u>Athlinks, Inc.</u></p> <p><input checked="" type="checkbox"/> Member      Address: <u>2100 Central Ave Suite 201</u><br/><u>Boulder, CO 80301</u></p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> | <p><b><u>Title or Capacity:</u></b></p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> |
| <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p>   | <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p>   |
| <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p>   | <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p>   |

  
\_\_\_\_\_  
Signature of an authorized person

Kimo Seymour  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

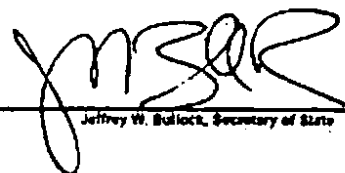
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHRONOTRACK SYSTEMS CORP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHRONOTRACK SYSTEMS CORP, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2019.

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

2020 JAN 10 PM 4:28



  
Jeffrey W. Bullock, Secretary of State

7657727 8300

SR# 20200345368

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

Authentication: 202208095

Date: 01-16-20