

M200000578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

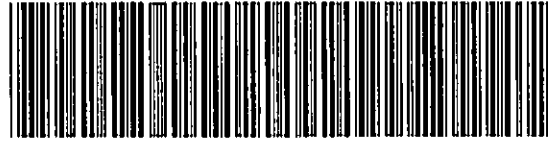
(Document Number)

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

Special Instructions to Filing Officer:

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Office Use Only



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T GLASS  
JUN 29 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2020

ROB LYON  
88 TWO BRIDGES RD.  
TOWACO, NJ 07082 US

SUBJECT: RAL FITNESS LLC  
Ref. Number: W20000051698

We have received your document for RAL FITNESS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 420A00010519

RECEIVED  
JUN 26 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAL Fitness LLC DBA I sell Fitness  
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:

Rob Lyon  
Name of Person

RAL Fitness LLC  
Firm/Company

88 Two Bridges Rd.  
Address

Towaco NJ 07082  
City/State and Zip Code

Roblyon@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Lyon at ( 201 ) 953-5812  
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

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. RAL Fitness 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. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 473431932  
(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. 974 Explorer Cove  
(Street Address of Principal Office)

6. 88 Two Bridges Rd.  
(Mailing Address)

Suite 128

Towaco, NJ 07082

Altamonte Springs, FL  
32701

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

Name: Robert Lyon

Office Address: 974 Explorer Cove, Suite 128

Altamonte Springs, Florida 32701  
(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.

Robert Lyon

(Registered agent's signature)

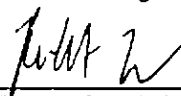
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage {up to six (6) total}:

<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: <u>Robert Lyon</u>	<input type="checkbox"/> Manager	Name: <u>Larissa Lyon</u>	<input checked="" type="checkbox"/> Member	Address: <u>88 Two Bridges Rd.</u>	<input checked="" type="checkbox"/> Member	Address: <u>88 Two Bridges</u>
<input type="checkbox"/> Authorized	<u>Towaco, NJ 07082</u>	<input type="checkbox"/> Authorized	<u>Towaco, NJ 07082</u>				
Person	_____	Person	_____				
<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"/> 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	_____				

**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

Robert Lyon  
\_\_\_\_\_  
Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

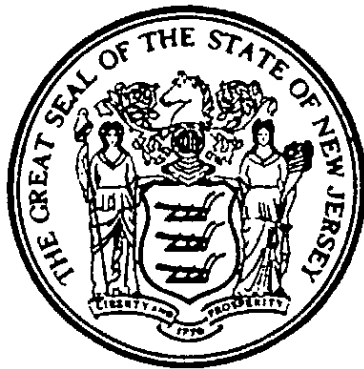
**RAL FITNESS LLC**  
0400733981

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 21, 2015.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

ROBERT A LYON  
88 TWO BRIDGES RD  
TOWACO, NJ 07082



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
6th day of May, 2020

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 2477613933

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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