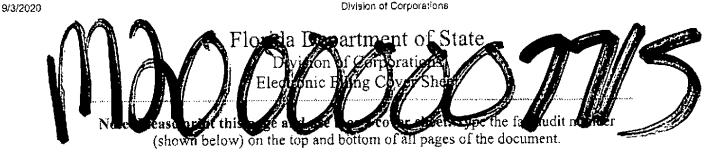
Passley, Tami

Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page: Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A. Account Number : 072720000036 Phone : (407)843-4500

Fax Number : (407)843-4444

AAIN Tan Passion **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address; please, S Email Address: 5 home 80 of Foreign Limited Liability Company Sunshine Fitness Montgomery, LLC Certificate of Status Certified Copy 03 Page Count \$155.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050802, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FURFICING LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Sunshine Fitness Montgomery, LLC (Name of Faceign Limited Liability Company, must include "Limited Liability Company," [LLU, or [LC]] (If more analytikale, and discrete name adopted for the purpose of transacting business in Foreign. The abstract tumo must not she "Limited Limitely Computer," "[LLC," or "LLC."] 85-2150309 Delaware (bit number, if applicable) (habilities made the law of which five on biguing fire big company is organised) Upon qualification (Date first intersected functions in Playett, if green to repositation)
(See rections 695.050) & 605.0905; F.S. to determine penalty liability) 5.
(Succe Address of Principal Uline) (Marking Address) 1560 N. Orange Avenue, Suite 300 3530 Eastdale Circle Winter Park, Florida 32789 Montgoniery, Alabama 36117 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Shane McGuiness Name: 1560 N. Orange Avenue, Suite 300 Office Address: Winter Park

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 age of a 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
- Manager	Name: Sunshine Sub, LLC	[]Manages	Name:
□Member	Address: 1580 N. Orange Avenue	□Momber	Address:
□ Authorized	Suite 300	□ Authorized	Address to the standard by the standard of the standard of the standard by the standard of the standard of the
Person	Winter Park, Florida 32789	Person	Market and the second s
[]Other	[]Other	□ Other	L) Other
□Manager	Name:	□Малидег	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	william with the state of the s
Person	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Person	Distriction of the second seco
[]Other	DOder	Other	Пофет
□ Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
☐ Authorized	manufacture of the second	□ Authorized	11111 11111 11111 11111 11111 11111 11111 11111 11111 11111 11111
Person		Person	Assessment of the state of the
Other	□Other	OOther	□ 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, dely 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. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in s.817.155, F.S.

Signature of partitional Property
Shane McGuiness
Typed or princed name of signer

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNSHINE FITNESS MONTGOMERY, 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 THIRD DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203591933

Date: 09-03-20