

M20000307295

Florida Department of
 Division of Corporations
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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
Attn: Tami Passley

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: shane@pt-southeast.com

2020 SEP -3 PM 3:15

**Foreign Limited Liability Company
 Sunshine Fitness Prattville, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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2020 SEP -3 PM 3:04
 FILED
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sunshine Fitness Prattville, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 85-2092779 (FID number, if applicable)

4. Upon qualification
(Does first transact business in Florida, if prior to registration? (Yes/No) (If Yes, under what Florida statute?)

5. 151 N. Memorial Drive, Prattville, Alabama 36067 (Street Address of Principal Office)
6. 1560 N. Orange Avenue, Suite 300, Winter Park, Florida 32789 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Shane McGuiness
Office Address: 1560 N. Orange Avenue, Suite 300, Winter Park, Florida 32789

2020 SEP -3 PM 11:07
FILED

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)

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 checked="" type="checkbox"/> Manager | Name: Sunshine Sub, LLC | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 1560 N. Orange Avenue | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | Suite 300 | <input type="checkbox"/> Authorized | _____ |
| Person | Winter Park, Florida 32789 | 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 authorized person.

Shane McGuiness

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNSHINE FITNESS PRATTVILLE, 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.



Jeffrey W. Bullock

 Jeffrey W. Bullock, Secretary of State

3262677 8300

SR# 20207096927

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

Authentication: 203591932

Date: 09-03-20