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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2021

BRENT BROOKBUSH 201 E. 36TH ST #4F NEW YORK, NY 10016

SUBJECT: B2C FITNESS, LLC Ref. Number: W21000003272

We have received your document for B2C 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.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 621A00000742

To whom it may concern,

Corrected documents and a paid and applated copy

of the Biennial Statementer dosed.

Think you,

EEB 1 5051

www!sunbiz.org-

DO BOY 6227 Tellahaggaa Florida 32214

COVER LETTER

TO:

Registration Section

Division of	of Corporations			
SUBJECT:	32C Fitness	レム C me of Limited Liability Company	,	
The enclosed "App Existence, and che	olication by Foreign Limited Liabilit ck are submitted to register the abov	y Company for Authorization to let referenced foreign limited liabil	Fransact Business in Flor lity company to transact b	ida." Certificate of business in Florida.
Please return all co	orrespondence concerning this matte	r to the following:		
	Brent Bi	rook bush		
-		Name of Person		
	B2C Fitne	255, 666	_	
-		Firm/Company		
	201 8. 36+	h St #4F	SECR TAL	2821
_		Address		
_	New York / Srent @ Broo E-mail address: (to	NY 10016		<u> </u>
_		City/State and Zip Code	m m m	
,-	Brent (a) Broo	h bush Institu	1 c. com 73	-
	E-mail address: (to	be used for future annual report n	otification)	
For further informa	ation concerning this matter, please of	call.		
3 ro	Name of Contact Person	at (201)	206-9665	
	Name of Contact Person	Area Code Da	iytime Telephone Numbe	er
_	Address: tion Section of Corporations	Street Address: Registration Section Division of Corporati	ons	
P.O. Box	•	The Centre of Tallaha		
Tallahas	see, FL 32314	2415 N. Monroe Stre Tallahassee, FL 3230		
Please ma	is a check for the following amount: ke check payable to: FLORIDA DI 0 Filing Fee	EPARTMENT OF STATE Fee & \$155.00 Filing Fee &		Fee, Certificate Certified Copy
			subuittee and depo	d previously osited by reportment of
			State	,

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

	ame adopted for the purpose of transacting business i		• •	•
2. Now Con Oursdiction under the law of wh	hich foreign fimited liability company is organized)	3. EIN?	# 27- 42 (FEI number, if applicab	47268
4	(Date first transacted business in Florida of prior		· · · · · · · · · · · · · · · · · · ·	2021 I
5. Dr. Bran	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, FS to dete	rmine penalty habitity i 6(Mailing Addr	[] [] [] [] [] [] [] [] [] []	
,	36+6 S+# 4F		(m) (M) (N)	PH II 4
New York	NY 10016			#
7. Name and street address	of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		
Name.	Brent Brooks		,	
Office Address:	18851 NE 8	29th Ave.	Suite#	735
	Aventura	Florida	33180 (Zip code)	
designated in this applicati	ance: istered agent and to accept service o ion, I hereby accept the appointment ons of all statutes relative to the prop	as registered agent and a	igree to act in this cap	acity. I further agre

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: Brant Brookbush	[] Manager	Name: David Boettcher
□Member	Address: 201 & 36th sitty	□Member	Address: 15730 Springled Vi
Authorized	New York, WY 10016	☐Authorized	Address: 15730 Springheld Dr Sugar Land, TX 7749
Person		Person	
Other	Other	□Other	Other
©Manager	Name: Cristine Leva	□Manager	Name:
□Member	Address: 19 Evergreen Lane NewPlatz NY 12561	□Member	Address: 20
Authorized	NewPlatz N 9 12561	□Authorized	Address: SECRET TO A SECRET BY
Person		Person	
Other	Other	□Other	coco mo flfi
			FL FL
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	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

Brent Srook bush

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that B2C FITNESS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/02/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of December two thousand and twenty.

Brada C Hyla

Brendan C Hughes
Executive Deputy Secretary of State