

M21000002956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

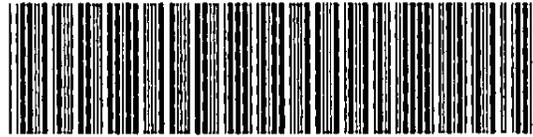
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/21--01025--017 **125.00

MAR 10 10:00 AM '21

MAR 10 2021

7:38:11 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agility Restoration, 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:

Leigh Jennings

Name of Person

Agility Restoration, LLC

Firm/Company

8361 N Rampart Range Rd, Ste B208

Address

Littleton, CO 80125

City/State and Zip Code

ljennings@tytonholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leigh Jennings

616

425-5679

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

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

IN COMPLIANCE WITH SECTION 605.096, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Agility Restoration, L.L.C.

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

(If name unavailable, enter alternate name chosen for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC")

Colorado

85-3705023

2. Jurisdiction under the law of which foreign limited liability company was organized)

3. DBL number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.094 & 605.095, F.S. to determine penalty liability)

8361 N. Rampart Range Rd., Ste. B208

8361 N. Rampart Range Rd., Ste. B208

5. (Street Address of Principal Office)

6. (Mailing Address)

Littleton, CO 80125

Littleton, CO 80125

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

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324

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.

Michael J. [Signature]
Registered Agent

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: Manager
Name and Address: Name: Christopher Frain
 Address: 8361 N. Rampart Range Rd.
 Suite B208
 Littleton, CO 80125
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: _____
 Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager
Name and Address: Name: Leigh Jennings
 Address: 8361 N Rampart Range Rd.
 Suite B208
 Littleton, CO 80125
 Authorized
 Person
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

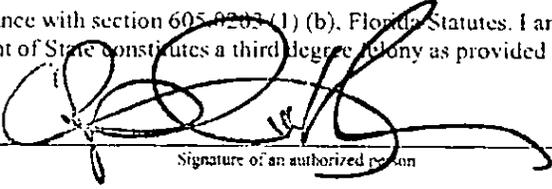
Manager
Name and Address: Name: _____
 Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Address: _____
 Authorized _____
 Person _____
 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 605.8203(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
 Christopher Frain, Manager

 Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Agility Restoration, LLC

is a

Limited Liability Company

formed or registered on 10/30/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20201942530 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/11/2021 that have been posted, and by documents delivered to this office electronically through 02/15/2021 @ 08:12:36 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/15/2021 @ 08:12:36 in accordance with applicable law. This certificate is assigned Confirmation Number 12942956 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."