

5/4/2021

Division of Corporations

1797 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000179705 3)))



H210001797053ABC%

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 : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

Foreign Limited Liability Company
FIT JEFF, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H21000179705 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIT JEFF. 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.

MARTA GARCIA

Name of Person

RC LAW LLP

Firm/Company

175 SW 7TH STREET, SUITE 1712

Address

MIAMI, FL 33130

City/State and Zip Code

marta.garcia@rclawllp.net

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

For further information concerning this matter, please call.

MARTA GARCIA

786

5988007

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

H21000179705 3

H21000179705 3

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. FIT JEFF, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-2357126

(FBI 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. 175 SW 7TH STREET, SUITE 1712

(Street Address of Principal Office)

MIAMI, FL 33130

6. 175 SW 7TH STREET, SUITE 1712

(Mailing Address)

MIAMI, FL 33130

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

Name. Corporation Service Company

Office Address. 1201 Hays Street

Tallahassee 32301

(City)

Florida

(Zip code)

FILED
2021 MAY -4 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

By: [Signature]

(Registered agent's signature)

H21000179705 3

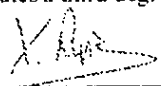
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<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>ELOI GOMEZ CAL</u>	<input type="checkbox"/> Manager	Name: <u>ADRIAN LORENZO ALONSO</u>
<input type="checkbox"/> Member	Address: <u>175 SW 7TH ST. SUITE 171.</u>	<input type="checkbox"/> Member	Address: <u>175 SW 7TH ST. SUITE 171.</u>
<input type="checkbox"/> Authorized	<u>MIAMI, FL 33130</u>	<input type="checkbox"/> Authorized	<u>MIAMI, FL 33130</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>MARC VICENTE</u>	 <input type="checkbox"/> Manager	Name: <u>XAVIER RUIZ</u>
<input type="checkbox"/> Member	Address: <u>175 SW 7TH ST. SUITE 171.</u>	<input type="checkbox"/> Member	Address: <u>175 SW 7TH ST. SUITE 171.</u>
<input type="checkbox"/> Authorized	<u>MIAMI, FL 33130</u>	<input type="checkbox"/> Authorized	<u>MIAMI, FL 33130</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>S</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>FRANCESC MINOVES</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>175 SW 7TH ST. SUITE 171.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MIAMI, FL 33130</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CFO</u>	<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 an authorized person.

XAVIER RUIZ

Typed or printed name of signer

H21000179705 3

FILED
 2021 MAY - 4 PM 4:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H21000179705 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIT JEFF, 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 FOURTH DAY OF MAY, A.D. 2021.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIT JEFF, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020.

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

FILED

2021 MAY -4 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

3686565 8300

SR# 20211582114

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

Authentication: 203121324

Date: 05-04-21

H21000179705 3