

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

info@kilostrengthsociety.com

Email Address: _____

**Foreign Limited Liability Company
KILO Strength Society, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KILO Strength Society, 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:

Kalpesh J. Patel

Name of Person

FL Patel Law PLLC

Firm/Company

360 Central Avenue, Suite 800

Address

St Petersburg, Florida 33701

City/State and Zip Code

Kalpesh@flpatellaw.com

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

For further information concerning this matter, please call:

Kalpesh J. Patel

727

279-5037

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KILO Strength Society, 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. State of California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3436155
(FEI 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. 5335 NW 87th Ave
(Street Address of Principal Office)

6. _____
(Mailing Address)

STE C109, #153

Doral, Florida 33178

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

Name: Kelsey DeSanctis

Office Address: 5335 NW 87th Ave, STE C109, #153

Doral, Florida 33178
(City) (Zip code)

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.

Kelsey DeSanctis

(Registered agent's signature)

2021 JUN 10 PM 4:30
TALLAHASSEE, FLORIDA

FILED

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>Kelsey DeSanctis</u>	<input type="checkbox"/> Manager	Name: <u>Stephane Cazeault</u>
<input checked="" type="checkbox"/> Member	Address: <u>5335 NW 87th Ave, STE C109,</u>	<input checked="" type="checkbox"/> Member	Address: <u>5335 NW 87th Ave, STE C109,</u>
<input type="checkbox"/> Authorized	<u>Doral, Florida 33178</u>	<input type="checkbox"/> Authorized	<u>Doral, Florida 33178</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Alexandra Bernardin</u>	 <input type="checkbox"/> Manager	 Name: <u>Kevin Arrow</u>
<input checked="" type="checkbox"/> Member	Address: <u>5335 NW 87th Ave, STE C109,</u>	<input checked="" type="checkbox"/> Member	Address: <u>5335 NW 87th Ave, STE C109,</u>
<input type="checkbox"/> Authorized	<u>Doral, Florida 33178</u>	<input type="checkbox"/> Authorized	<u>Doral, Florida 33178</u>
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.

Kelsey DeSanctis

Signature of an authorized person

Kelsey DeSanctis, Member

Typed or printed name of signer

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2021 JUN 10 PM 4:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



Secretary of State Certificate of Status

FILED
2021 JUN 10 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: KILO STRENGTH SOCIETY, LLC
File Number: 201621110418
Registration Date: 07/25/2016
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of June 8, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 9, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Z1JK74Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.