ision of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

: (855)498-5500

Phone Fax Number

: (800)432-3622

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

Foreign Limited Liability Company SEATTLE HOME FITNESS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

SEATTLE HOME FITNESS, LLC		
Nem:	e of Limited Liability Company	
enclosed "Application by Foreign Limited Liability stence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," C referenced foreign limited liability company to transact busines	
se return all correspondence concerning this matter t	n the following:	
Scott A. Egbert		
	Name of Person	
Seattle Home Fitness, LLC		
	Firm/Company	
2900 Scenic Drive		
	Address	
Flower Mound, Texas 75022		
	City/State and Zip Code	
dwhitley@topfitness.com		
B-mail address: (to b	e used for future annual report notification)	
r further information concerning this matter, please of	ajl:	
Dustin Whitley	316 641-8371	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address	Street Address: Registration Section	
Registration Section Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	
Enclosed is a check for the following amount:	DA DERAUNT OU STATU	
Please make check payable to: FLORIDA DE	rak ment of State	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing F	ree & M \$155.00 Filing Fee & D \$160.00 Filing Fee of Status Certified Copy of Status & Cer	

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

	imited Liability Company, must include "Limited l		w"T.L.C" or "LU
	uise adopted for the purpose of transacting business in Per	ids. The electrate sense exact include "Limited Liability Compact 20-1991199	4. ———
(ashington (remaintion under the law of which foreign limited labelity company is organized)		3. [FEI munbar, if applicable	e)
	(Duke first transacted business in Florida, if poor to re (See sections 603.0904 & 603.0905, F.S. to determine	gistration.) s permity hability;	
00 Scenic Drive		2900 Scenic Drive	
diseas of Priscipal (1900)		(Mading Address)	
lower Mound, Texas 75022		Flower Mound, Texas 75022	
		NOTthis	LEHASS TO
me and street address Name:	g of Florida registered agent: (P.O. Box Capitol Corporate Services, Inc.		FILL ONLY
	Capitol Corporate Services, Inc	<u>. </u>	EL TORIOT
Name:	Capitol Corporate Services, Inc. 515 E Park Avenue Floor 2	<u>. </u>	Section 108/04

FIL	-ED
10 JUN 15	Pu .
Milasion.	1 19 4: 32

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

Itie or Capacity:	Name and Address:	Title or Capacity:	
Manager	Name: Scott A. Egbert	□Manager	Name:
☐ Member	Address: 2900 Scenic Drive	☐ Member	Address:
□ Authorized	Flower Mound, Texas 75022	☐ Authorized	
Person		Person	
Other	Other	Other	Other
∐Manager	Name:	□ Manager	Name:
☐ Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
Other	Other	□ Other	
□Manager	Name:	<u> Manager</u>	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	□ Other
indexed individual 9. Attached is a ce jurisdiction under of the translator m	Use an attachment to report more than six (this may be added to the index when filing you artificate of existence, no more than 90 days the law of which it is organized. (If the certicular to submitted) at it executed in accordance with section 605 numeration to the Department of State constitute.	old, duly authenticated by the ficate is in a foreign language.	the official having custody of records in the ge, a translation of the certificate under oat less, I am aware that any false information

Typed or printed some of signer



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SEATTLE HOME FITNESS, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/08/2004.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/14/2021 UBI Number: 602 452 434



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 06/14/2021