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6/28/21

Division of Corporations

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

From: Account Name : BARNETT, KIRKWOOD, KOCH, LONG & FOSTER, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

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

Email Address: TSEEMANN@BARNETTBOLT.COM

Foreign Limited Liability Company
FITNESS1 DORAL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H21000252378

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. Fitness! Doral, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. Delaware
(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.")
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FD) number, if applicable
4. _____
(Date last transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)
5. 3211 Ponce de Leon Blvd., Suite 201
(Street Address of Principal Office)
Coral Gables, FL 33134
6. 21731 Ventura Blvd., Suite 300
(Mailing Address)
Woodland Hills, CA 91364
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Malvina Kazanian
Office Address: 3211 Ponce de Leon Blvd., Suite 201
Coral Gables, Florida 33134
(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 office 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.

Malvina Kazanian
(Registered agent's signature)

(Registered agent's signature)

2021 JUN 30 PM 4:38

H21000252378

H21000252378

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:
☒ Manager Name: Fitness1 Management Holdings, LLC
☐ Member Address: 3211 Ponce de Leon Blvd.
☐ Authorized Suite 201
 Person Coral Gables, FL 33134
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member 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 605.0203 (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.

FITNESS1 MANAGEMENT HOLDINGS, LLC

By:  _____
 Signature of an authorized person

David L. Koche, Authorized Person

H21000252378

Typed or printed name of signer

H21000252378

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FITNESS1 DORAL, 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2021.

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

2021 JUN 30 PM 4:39
JEFFREY W. BULLOCK
SECRETARY OF STATE



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SR# 20212563319

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203547289

Date: 06-28-21

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