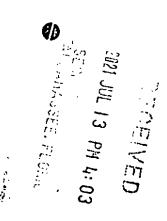
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DATE: 07-13-2021

NAME: RUKUS CYCLE FRANCHISING, LLC

TYPE OF FILING: APPLICATION FOR AUTHORITY

COST: 160.00

RETURN: GOOD STANDING & CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Chose Hedge

FIL 2nd

RUKUS CYCLE FRANCHISING, LLC

300 North New York Avenue, Suite 1536 Winter Park, FL 32790

July 13, 2021

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, Florida 32314

Re: Rukus Cycle Franchising, LLC

Dear Sir or Madam:

Please allow this letter to serve as consent for Rukus Cycle Franchising, LLC, a Georgia limited liability company, to use the name "Rukus Cycle Franchising, LLC" in Florida in connection with the Georgia company's Application for Authorization to Transact Business in Florida. The two companies are affiliates.

Thank you.

Sincerely,

Rukus Cycle Franchising, LLC, a Georgia limited liability company

By: ____

Title:

STATE OF FLORIDA COUNTY OF ORANGE

Before me, the undersigned authority, on this 13th day of July, 2021, personally appeared Joe Wheeler, Manager/CEO of Rukus Cycle Franchising, LLC, who is personally known to me and being first dully sworn, says that he is authorized to execute this Letter of Consent on behalf of Rukus Cycle Franchising, LLC, that he has read the letter and that the letter is true and correct to the best of his knowledge and belief.

Notary Public, State of Florida

Printed or typed name

NICOLETTE VILMOS
Commission # GG 168307
Expires January 18, 2022
Control Thru Budget Notiny Services

4825-2812-9521 v.t

COVER LETTER

Registration Section

TO:

SUBJECT:	Rukus Cycle Franchising, LLC	
,0,000001	Name	of Limited Liability Company
The enclose Existence, a	d "Application by Foreign Limited Liability C nd check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida
Please return	n all correspondence concerning this matter to	the following:
	Nicolette Corso Vilmos	
		Name of Person
	Nelson Mullins	
		Firm/Company
	390 N. Orange Avenue, Suite 1400	
		Address
	Orlando, Florida 32801	
	Ci	ity/State and Zip Code
	joe@gocyclenow.com	
	E-mail address: (to be	used for future annual report notification)
For further	information concerning this matter, please cal	l:
N	icolette Corso Vilmos	407 839-4233 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	alling Address: egistration Section	Street Address: Registration Section
	ivision of Corporations	Division of Corporations
	O. Box 6327	The Centre of Tallahassee
T	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pl	nclosed is a check for the following amount: ease make check payable to: FLORIDA DEP \$125.00 Filing Fee	e & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

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

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC." or	Rukus Cycle Franchisir	ng, LLC	
(PEI number, if applicable) (Malling Address) Winter Park, FL 32790 Winter Park, FL 32790 Winter Park, FL 32790 Winter Park, FL 32790 Vinter Park, FL 32790 Name: 300 North New York Avenue, Ste 1536 (Malling Address) Winter Park, FL 32790 Vinter Park, FL 32790 Name: 300 North New York Avenue, Ste 1536 (Malling Address) Winter Park, FL 32790 Vinter Park, FL 32790 Vinter Park, FL 32790 Name: 300 North New York Avenue, Ste 1536 (Malling Address) Winter Park, FL 32790 Vinter Park,	(Name of Foreign	Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC.")
(PEI number, if applicable) (Malling Address) (Malling A			
(City) (Date first transacted business in Plorids, if prior to registration.) (See sections 603 0904 & 603 0905, F.S. to determine penalty lability) 300 North New York Avenue, Ste 1536 (Mailing Address) Winter Park, FL 32790 Winter Park, FL 32790 Winter Park, FL 32790 Winter Park, FL 32790 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 300 Worth New York Avenue, Ste 1536 (Mailing Address) Winter Park, FL 32790 Winter Park, FL 32790 Vinter Park, FL 32790 Name: Office Address: Joe Wheeler Office Address: Office Address: 300 Worth New York Avenue, Ste 1536 (Ety) Florida 32790 (Ety) registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the place of the appointment as registered agent and agree to act in this capacity. I furthercomply with the provisions of all statutes registered to the proper and complete performance of my duties, and I am familiar we	ame unavailable, enter alternate	name adopted for the purpose of transacting busines	ss in Florida. The alternate name must include "Limited Liability Company," "L.L.C., or L.C.C.)
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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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Joe Wheele Name: _____ Address: 300 North New York Member Address: □Member □ Authorized ☐ Authorized Person Person Other _____ ☐ Other_____ □Other _____ Other____ Name: _____ Name: _____ Manager ☐Manager Address: ______ ☐ Member Address: ☐ Member ☐ Authorized ☐ Authorized Person Person □Other_____ □Other____ ☐Other____ □Other_____ Name: ______ ☐Manager Name: _____ ☐ Manager Address: ___________ □Member Address: _____ ☐ Member □ Authorized □ Authorized Person Person Other_____ ☐ Other____ Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Jue Wheeler

Typed or printed name of signee

Control Number: 17078021

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Rukus Cycle Franchising, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21668004
Date Inc/Auth/Filed: 07/13/2017
Jurisdiction : Georgia
Print Date : 07/13/2021

Form Number 211



Brad Raffensperger

Brad Raffensperger Secretary of State