M21000014186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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S. FRANKLIN

OCT 26 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Calibrated Training and Nutrition 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:

Marques Caudle
Name of Person

Firm/Company

35 Hill Ave, Apt 3
Address

Orlando, FL 32801
City, State and Zip Code

marques25@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marques Caudle at (678) 557-1707
Name of Contact Person Area Code Daytime Telephone Number

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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

- [illegible] Filing Fee
- [illegible] Filing Fee & Certificate of Status
- [illegible] $155.00 Filing Fee & Certified Copy
- [illegible] $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. Calibrated Learning and Nutrition LLC
(Name of Foreign Limited Liability Company [Corporate Suffix Including Limited Liability Company (LLC) or (LLC)])

(If name unavailable in Florida, enter alternate name consistent with Limited Liability Company (LLC) or (LLC))

2. Georgia
(Jurisdiction of Organization)

3. 46-1863643
(FEI Number, if applicable)

4. _____
(Date of formation of Limited Liability Company)

5. 35 Hill Ave, Apt 3
(Street Address of Principal Office)

Orlando, FL 32801

6. 35 Hill Ave, Apt 3
(Mailing Address)

Orlando, FL 32801

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

Name: Marques Cundle

Office Address: 35 HILL Ave, Apt 3

Orlando, Florida 32801
(City) (Zip Code)

Registered agent's acceptance:

Having been named 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.

_____
(Signature of Registered Agent)

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:	Title or Capacity:	Name and Address:
■ Manager	Name: Marquez [illegible]	☐ Manager	Name:
■ Member	Address: 35 Hill Ave, Apt 3	☐ Member	Address:
☐ Authorized	Orlando, FL 32[illegible]	☐ Authorized	
Person		Person	
☐ Other	Other	☐ Other	Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	Other	☐ Other	Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	Other	☐ Other	Other

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Important Notice: Use an attachment if you have more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added [illegible] when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence [illegible] no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which [illegible] 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.

[illegible]

Signature of authorized person

Marquez [illegible]

Typed or printed name of person

Control Number : 13032539

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

Calibrated Training and Nutrition 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	: 22036987
Date Inc/Auth/Filed	: 01/18/2013
Jurisdiction	: Georgia
Print Date	: 10/19/2021
Form Number	: 211

Brad Raffensperger

Brad Raffensperger

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2021

MARQUES CAUDLE
35 HILL AVE APT 3
ORLANDO, FL 32801 US

SUBJECT: CALIBRATED TRAINING AND NUTRITION LLC
Ref. Number: W21000131738

We have received your document for CALIBRATED TRAINING AND NUTRITION LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

2ND REQUEST

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 921A00023913

RECEIVED
OCT 25 2021