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SECRETARY -3 AM 7: 31

COVER LETTER

TO:

Registration Section

Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certification referenced foreign limited liability company to transact business in			
return al	l correspondence concerning this matter to	o the following:			
	Brian Vidrik				
	Name of Person				
	ABC Fitness Solutions				
	Firm/Company				
	208 E. Kiehl Ave				
		Address			
	Sherwood, AR 72120				
	C	ity/State and Zip Code			
	brian.vidrik@abcfitness.com	·			
	E-mail address: (to be	used for future annual report notification)			
ther info	rmation concerning this matter, please ca	11:			
Brian Vidrik		469 365-2571 at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: 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			

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:

ABC Fitness Solutions,			
(Name of Poreign	Limited Liability Company: must include "Limited	Liability Company," E.L.C., or "LLC."	1
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rrds. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC."
Delaware		71-0602737 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nui	nber, if applicable)
1/1/2022			
•	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) se penalty liability)	
208 E. Kiehl Ave, Sher		6. Same	
treet Address of Principal Office)		(Mailing Address)	
			-
<u> </u>		·	2022 SEL
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2 HA
	C T Corporation System		
Name:	C i Corporation system		SFE 3
	1200 South Pine Island Road		
Office Address:			7: 3
	Plantation	33324 , Florida	
	(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. CT Corporation System
by Sandra Zwijack, Assistant Secretary

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: Paul Zuber	■Manager	Name:
□Member	Address: 208 E. Kiehl		Address: 208 E. Kiehl
□Authorized	Sherwood, AR	□Authorized	Sherwood, AR
Person 72120			72120
□Other	Other	□Other	Other
■Manager	Name: William Davis	■Manager	Name: Nicolaas Vlok
□Member	Address: 208 E. Kiehl		Address: 208 E. Kiehl
□Authorized	Sherwood, AR		Sherwood, AR
Person	72120		72120
□Other	Other	□Other	Other
■Manager	Name: S. Scott Crabill	■Manager	Name: Paul Schaller
□Member	Address: 208 E. Kiehl	□Member	Address:
□Authorized	Sherwood, AR 72120	□ North continued	Sherwood, AR 72120
Person	 	Person	
□Other	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.

Signature of an authorized person

BRIAN VIDRIK

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ABC FITNESS SOLUTIONS, 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-FIFTH DAY OF JANUARY, A.D. 2022.

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



Authentication: 202486581

Date: 01-25-22