

M24000008196

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

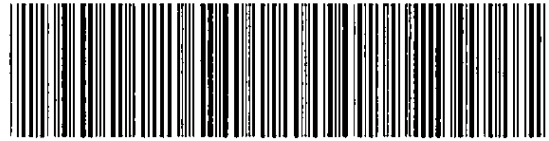
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN 25 11:21 AM

RECEIVED
2024 JUN 25 AM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2024

K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 489759 7844289

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : June 6, 2024

ORDER TIME : 1:32 PM

ORDER NO. : 489759-050

CUSTOMER NO: 7844289

FOREIGN FILINGS

NAME: NATIONAL ACADEMY OF SPORTS
MEDICINE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: National Academy of Sports Medicine, 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:

Rebecca Pontes

Name of Person

Ascend Learning, LLC

Firm/Company

25 Mall Road

Address

Burlington, MA 01803

City/State and Zip Code

compliance@nasm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Pontes

978

639-3461

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

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**

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. National Academy of Sports Medicine, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 93-3285634
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 355 E. Germann Rd., Suite 201 355 E. Germann Rd., Suite 201
(Street Address of Principal Office) (Mailing Address)
Gilbert, AZ 85297 Gilbert, AZ 85297

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

By: Michele L. Abbott
(Registered agent's signature) Michele L. Abbott, Asst. VP

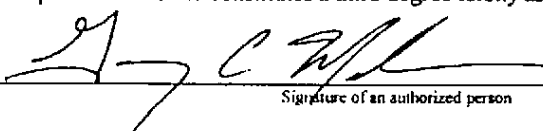
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>AL F&W, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Gregory Sebasky</u>
<input checked="" type="checkbox"/> Member	Address: <u>25 Mall Road, 6th Floor</u>	<input type="checkbox"/> Member	Address: <u>25 Mall Road, 6th Floor</u>
<input type="checkbox"/> Authorized	<u>Burlington, MA 01803</u>	<input checked="" type="checkbox"/> Authorized	<u>Burlington, MA 01803</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lawrence Gold</u>	<input type="checkbox"/> Manager	Name: <u>Mandeep Johar</u>
<input type="checkbox"/> Member	Address: <u>25 Mall Road, 6th Floor</u>	<input type="checkbox"/> Member	Address: <u>11161 Overbrook Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Burlington, MA 01803</u>	<input checked="" type="checkbox"/> Authorized	<u>Leawood, KS 66211</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Mark May</u>	<input type="checkbox"/> Manager	Name: <u>Gary Madsen</u>
<input type="checkbox"/> Member	Address: <u>11161 Overbrook Road</u>	<input type="checkbox"/> Member	Address: <u>11161 Overbrook Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Leawood, KS 66211</u>	<input checked="" type="checkbox"/> Authorized	<u>Leawood, KS 66211</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
Gary Madsen

Delaware

The First State


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL ACADEMY OF SPORTS MEDICINE, 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 SIXTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL ACADEMY OF SPORTS MEDICINE, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

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