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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

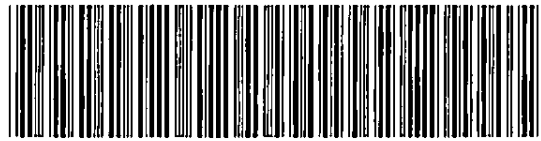
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
CLERK OF COURT

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MS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FinFit Life Puerto Rico 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:

Michelle Foster

Name of Person

FinFit Life Puerto Rico LLC

Firm/Company

5020 W. Linebaugh Ave Suite 250

Address

Tampa, FL 33624

City/State and Zip Code

michelle.foster@finfitlife.com

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

For further information concerning this matter, please call:

Michelle Foster

724

771-4683

at (_____) _____

Name of Contact Person

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**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$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. FinFit Life Puerto Rico 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. Puerto Rico
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. Sale has not occurred yet
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Metro Office Park 7
(Street Address of Principal Office)

6. 5020 W. Linebaugh Ave
(Mailing Address)

Calle 1 Suite 204
Guaynabo, PR 00968

Suite 250
Tampa, FL 33624

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

Name: William Pienias

Office Address: 5020 W. Linebaugh Ave Suite 250

Tampa, Florida 33624
(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.

DocuSigned by:

WILLIAM PIENIAS

(Registered agent's signature)

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1ST DISTRICT
JACKSONVILLE, FLORIDA

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>Howard Sharfman</u>	<input type="checkbox"/> Manager	Name: <u>William Pienias</u>
<input checked="" type="checkbox"/> Member	Address: <u>500 West Madison Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>5020 W Linebaugh Ave</u>
<input type="checkbox"/> Authorized	<u>Suite 3200</u>	<input type="checkbox"/> Authorized	<u>Suite 250</u>
Person	<u>Chicago, IL 60661</u>	Person	<u>Tampa, FL 33624</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Michelle Foster</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1003 Timber Ridge Court</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Harrison City, PA 15636</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

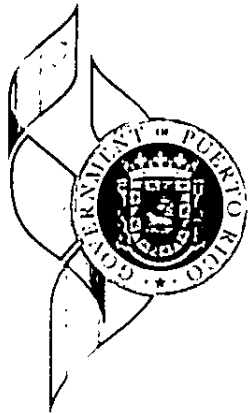
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Michelle Foster
 Signature of an authorized person

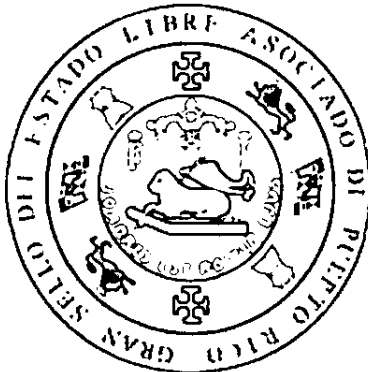
Michelle Foster
 Typed or printed name of signer



CERTIFICATE OF ORGANIZATION

I, **Omar J. Marrero Diaz**, **Secretary of State** of the Government of Puerto Rico;

CERTIFY: That **FINFIT LIFE PUERTO RICO LLC**, register number **530270**, is a **Domestic Limited Liability Company For Profit** organized under the laws of Puerto Rico on this **9th of May, 2024 at 11:25 AM**.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **May 9, 2024**.

Omar J. Marrero Diaz
Secretary of State

CERTIFICADO DE REGISTRO DE COMERCIANTE

Nombre de localidad:

FINFIT LIFE PUERTO RICO LLC
METRO OFFICE PARK 7
CALLE 1 STE 204
GUAYNABO PR 00968

Nombre legal:

FINFIT LIFE PUERTO RICO LLC
METRO OFFICE PARK 7
CALLE 1 SUITE 204
GUAYNABO PR 00968

1502145-0013

Agente no retenedor

Fecha de emisión:

18-may.-2024

Fecha de expiración:

30-jun.-2025

Tipo de certificado: Comerciante

Código NAICS:

52421

Actividad comercial:

Agencias y Corredores de Seguros

Certifico que este comerciante está inscrito en el Registro de Comerciantes del Departamento de Hacienda.

**Secretario Auxiliar
Área de Rentas Internas**

Este certificado no es transferible y deberá exhibirse en todo momento en un lugar visible al público en la localidad indicada.
Para verificar si este certificado es válido, acceda a <https://suri.hacienda.pr.gov> y presione el enlace "Valide certificados y licencias".



L1552961984

Email **william.pienias@finfitlife.com**

Article V - Administrators

If the faculties of the Authorized Persons will end upon the filing of the Certificate of Formation of a Limited Liability Company, the names, physical and mailing address of the persons who will act as Administrators until the first annual meeting of the members or until their successors replace them are as follows:

Name	González López, Rebeca M.
Title	Administrator
Street Address	Los Aires Serenos, Calle Argon B-15, ARECIBO, PR, 00612
Mailing Address	Los Aires Serenos, 35 Calle Argon, ARECIBO, PR, 00612-8854
Email	rebeca@finfitlifepr.com
Expiration Date	Indefinite

Article VI - Terms of Existence

The term of existence of this entity will be: **Perpetual**

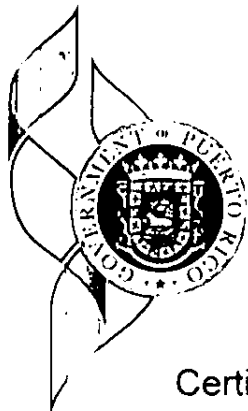
The date from which the entity will be effective is: **09-May-2024**

Supporting Documents

Document	Date Issued
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STATEMENT UNDER PENALTY OF PERJURY

IN WITNESS WHEREOF, I/We **Sharfman, Howard, Pienias, William**, the undersigned, for the purpose of forming a limited liability company pursuant to the laws of Puerto Rico, hereby swear that the facts herein stated are true. This 9th day of May, 2024.



Government of Puerto Rico
Department of State

Transaction Date: 09-May-2024
Register No: 530270
Order No: 28634762



Certificate of Formation of a Limited Liability Company

Article I - Limited Liability Company Name

The name of the Domestic Limited Liability Company is: **FINFIT LIFE PUERTO RICO LLC**
Desired term for the entity name is: **LLC**

Article II - Principal Office and Resident Agent

Its principal office in the Government of Puerto Rico will be located at:

Street Address **Metro Office Park 7, Calle 1 Suite 204, GUAYNABO, PR, 00968**
Mailing Address **Metro Office Park 7, Calle 1 Suite 204, GUAYNABO, PR, 00968**
Phone **(813) 508-0037**

The name, street and mailing address of the Resident Agent in charge of said office is:

Name **FINFIT LIFE PUERTO RICO LLC**
Street Address **Metro Office Park 7, Calle 1 Suite 204, GUAYNABO, PR, 00968**
Mailing Address **Metro Office Park 7, Calle 1 Suite 204, GUAYNABO, PR, 00968**
Email **william.plenias@finfitlife.com**
Phone **(813) 508-0037**

Article III - Nature of Business

This is a For Profit entity whose nature of business or purpose is as follows:

Operate as a general insurance agency. The corporation will hire the necessary staff to fulfill the responsibilities of a general insurance agency in accordance with the Insurance Code of Puerto Rico. It will also be able to conduct any other lawful business permitted by the laws of the Commonwealth of Puerto Rico.

Article IV - Authorized Persons

The name, street and mailing address of each Authorized Person is as follows:

Name **Sharfman, Howard**
Street Address **500 West Madison Street, Suite 3200, CHICAGO, IL, 60661**
Mailing Address **500 West Madison Street, Suite 3200, CHICAGO, IL, 60661**
Email **howard.sharfman@nfp.com**

Name **Plenias, William**
Street Address **Metro Office Park 7, Suite 204, GUAYNABO, PR, 00968**
Mailing Address **Metro Office Park 7, Suite 204, GUAYNABO, PR, 00968**