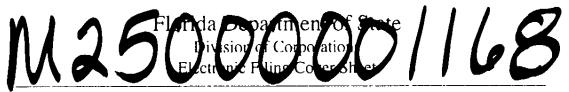
1/24/25, 10:44 AM

Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone : (323)372-3532 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company JOG ATHLETICS LLC

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

finame unavailable, enter alternate n	name adopted for the purpose of transacting business in Florida. The a	remate name must include "Limited Liability Compan	y," "L.L.C," or "LLC
Delaware			
(Jurisdiction under the law of wh	high foreign limited liability company is organized)	(PEI number, if applicable	·)
	(Date first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty li	ability)	
reet Address at Principal Office)	6	(Mailing Address)	
501 Silverside Rd. STE		01 Silverside Rd, STE 105-3610	
Wilmington, DE, 1980	9	Vilmington, DE, 19809	
Norma and strout address	s of Florida registered agent: (P.O. Box <u>NOT</u> ac	contable)	, to t
Name and <u>street addres</u>	s of Florida registered agent. (F.O. Box. NOT.ac	сершые)	<u> </u>
Name:	LEGALING CORPORATE SERVICES INC.		22
	476 Riverside Ave.		<u>:</u> :
Office Address:			₹. ::
	Jacksonville (Cav)	32202 , Florida	ČΩ
	it in the	(Zip code)	

(((H25000028636 3)))

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: SCOTT WHITCOMB	□Manager	Name:
■ Member □ Authorized Person	Address: 501 Silverside Rd, STE 105-3610 Wilmington, DE, 19809	☐ Member ☐ Authorized Person	Address:
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

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.

2.	ott 8 Whitcomb	
	Signature of an authorized person	
SCOTT WHITCOMB		
	Exped or numbed name of signer	

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I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "JOG ATHLETICS 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-FOURTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOG ATHLETICS LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2014.

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

5587024 8300

SR# 20250248219
You may verify this certificate online at corp.delaware.gov/authver.shtml

#60

Fristopher E Kinght, Acting Secretary of State
Authentication: 202774103

Date: 01-24-25