

8/8/25, 8:15 AM

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company

SAHARA HOT PILATES LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

A. Jarvis
8/11

8/8

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: SAHARA HOT PILATES 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at 1

Area Code

8884623453

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

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**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. SAHARA HOT PILATES 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. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 39-3641559

(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. 2125 Biscayne Blvd, Ste 204 #22228

(Street Address of Principal Office)

Miami, FL 33137

6. 2125 Biscayne Blvd, Ste 204 #22228

(Mailing Address)

Miami, FL 33137

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

Name: REPUBLIC REGISTERED AGENT LLC

Office Address: 476 Riverside Ave Ste 4

Jacksonville

(City)

, Florida 32202

(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.

Lovette Dobson

(Registered agent's signature)

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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:

☐ Manager Name: Michael Altieri

☒ Member Address: 5830 E 2nd St

☐ Authorized Ste 7000 #27477

 Person Casper, WY 82609

☐ Other ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Alexander Enescu

☒ Member Address: 5830 E 2nd St

☐ Authorized Ste 7000 #27477

 Person Casper, WY 82609

☐ Other ☐ Other

☐ Manager Name: Kemely Llanes

☒ Member Address: 5830 E 2nd St

☐ Authorized Ste 7000 #27477

 Person Casper, WY 82609

☐ Other ☐ Other

☐ Manager Name: Randy Perez

☒ Member Address: 5830 E 2nd St

☐ Authorized Ste 7000 #27477

 Person Casper, WY 82609

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ 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.8J 7.155, F.S.

Michael Altieri

Signature of an authorized person

Michael Altieri

Typed or printed name of signer

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STATE OF WYOMING
Office of the Secretary of State

((H25000277426 3)))

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

SAHARA HOT PILATES LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 7, 2025**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2025-001739648**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of August, 2025 at 8:14 AM. This certificate is assigned ID Number 087985638.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.