

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **XFIT HOLDINGS, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **7/20/2020** and the period of duration is **perpetual**.

**7. Principal Office**

2617 Broadway Street  
Boulder, CO 80304

**8. Required Representatives**

<b>Officer</b>	Alison Andreozzi	3623 Crossings Drive, Suite 223	Prescott	AZ	86305
<b>Director</b>	Eric Roza	3623 Crossings Drive, Suite 223	Prescott	AZ	86305

**9. Registered Agent/Office**

CT Corporation System  
306 West Main Street  
Suite 512  
Frankfort, KY 40601

I, **Susan Johnson**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, February 20, 2023

As the Authorized Representative, I, **Alison Andreozzi**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CFO**