

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 **limited liability company**.
2. The name of the entity is: **CROSSFIT, LLC**
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 **7/22/2020** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

1209 Orange Street
Wilmington, DE 19801

8. Required Representatives

| | | | | | |
|----------------|------------------|------------------------------------|----------|----|-------|
| Manager | Alison Andreozzi | 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, **Alison Andreozzi**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, February 22, 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**