



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPT. OF STATE
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2021 JUN -8 P. 1:03

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Echelon Fitness Multimedia, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of:		
Delaware		
3. The date of its organization is:		
05/10/2019		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (<u>NOT</u> a P.O. Box)		
450 Veterans Memorial Parkway, Suite 7A		
City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Selling of at home exercise equipment accompany with a subscription.		
Check the box to indicate an attachment ☐		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY [Signature] 1:03

FORM 450 - Revised: 11/2019

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

605 Chestnut St. Ste.600 Chattanooga, TN 37450

8. The mailing address for the limited liability company is:

605 Chestnut St. Ste.600 Chattanooga, TN 37450

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☒ By its members (If you have checked this box, go to Section 9. (**DO NOT** fill out the chart below.)

☐ By one (1) or more managers (List managers below)

MANAGER	ADDRESS

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC Echelon Fitness Multimedia, LLC	Date 6/3/2021
Signature of Authorized Person  Jennifer Kurz, Manager	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ECHELON FITNESS MULTIMEDIA 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 EIGHTH DAY OF JUNE, A.D. 2021.

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



7416104 8300

SR# 20212381308

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203390359

Date: 06-08-21

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Echelon Fitness Multimedia, LLC a Limited Liability Company incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint as attorneys-in-fact for the Limited Liability Company (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Limited Liability Company and in the Limited Liability Company's name for the limited purposes authorized herein

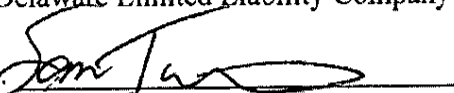
The Limited Liability Company having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to qualify the Limited Liability Company in any state, as directed and authorized by the Limited Liability Company.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this May 25, 2021.

Echelon Fitness Multimedia, LLC
A Delaware Limited Liability Company

By: 

Name: Sam Touchstone
Title: CFO

State of Tennessee
County of Hamilton

On May 25, 2021, before me, the undersigned, a Notary Public in and for said State, personally appeared Sam Touchstone, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

<<Name of Notary>>, Notary Public