



1750190

State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority
(Section 7, 1.2, 1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is True Fitness Technology, Inc.

SECTION II

It is incorporated under the laws of State: MO Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 01/01/2023

SECTION III

The name, if different, which it elects to use in Rhode Island.

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR

(b) If the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 9/29/1981

and the period of its duration is ☒ Perpetual

SECTION V

The location of its principal office is

No. and Street: 865 HOFF ROAD

City or Town: OFALLON

State: MO

Zip: 63366

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD

SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

WE WILL HAVE AN EMPLOYEE LOCATED IN RHODE ISLAND *The manufacturing and distribution of fitness equipment*

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First Middle Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	FRANK TRULASKE	865 HOFF ROAD OFALLON, MO 63368 USA

DIRECTOR	MATT HACKER	885 HOFF ROAD OFALLON, MO 63368 USA
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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	FRANK TRULASKE	885 HOFF ROAD OFALLON, MO 63368 USA
DIRECTOR	MATT HACKER	885 HOFF ROAD OFALLON, MO 63368 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Num of Shares
CNP		\$1.00	\$0.000000 30,000.00 4,450.00

Signed this 27 Day of December, 2022 at 5:32:01 PM by the officer(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By MATT HACKER

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

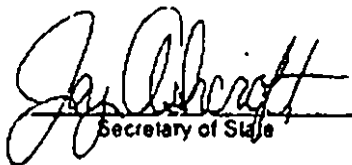
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

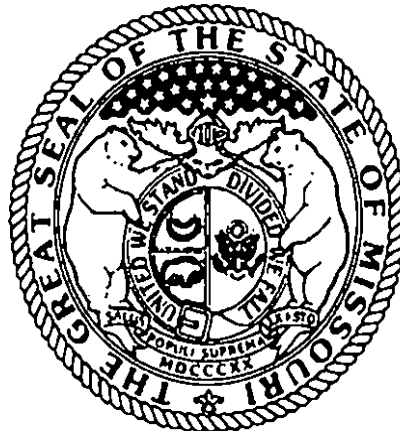
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

TRUE FITNESS TECHNOLOGY, INC.
00235057

was created under the laws of this State on the 29th day of September, 1981, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of December, 2022.


Secretary of State



Certification Number CERT-12222022-0062



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

December 27, 2022 05:32 PM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

