

3/18/2020

Division of Corporations
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 : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)288-0845

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

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FOREIGN PROFIT/NONPROFIT CORPORATION
Lang Pharma Nutrition, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$728.75

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Corporate Filing Menu

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Lang Pharma Nutrition, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Rhode Island 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 13, 1934 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. March 1, 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 20 Silva Lane, Middletown, RI 02824
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Olga Hinkel - VP

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

Chairman Name: David Lang

Vice Chairman Address: 20 Silva Lane

Director Middletown, RI 02824

President _____

Vice President _____

Secretary Treasurer

Other CEO Other _____

Chairman Name: Richard Lang

Vice Chairman Address: 20 Silva Lane

Director Middletown, RI 02824

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Stewart Weinberg

Vice Chairman Address: 20 Silva Lane

Director Middletown, RI 02842

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Matts Johansen

Vice Chairman Address: 20 Silva Lane

Director Middletown, RI 02842

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Trond Atle Smedsrud

Vice Chairman Address: 20 Silva Lane

Director Middletown, RI 02842

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Katrine Klaveneas

Vice Chairman Address: 20 Silva Lane

Director Middletown, RI 02842

President _____

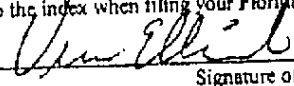
Vice President _____

Secretary Treasurer

Other _____ Other _____

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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.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Vera Ellich, ASST. Treasurer
(Typed or printed name and capacity of person signing application)

Attachment to Application by Foreign Corporation for Authorization to Transact Business in
Florida

Lang Pharma Nutrition, Inc.

#11 (A)

Additional Director:

Tim de Haas
20 Silva Lane
Middletown, RI 02842

Additional Officer:

Assistant Treasurer
Vera Ellich
20 Silva Lane
Middletown, RI 02842

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

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

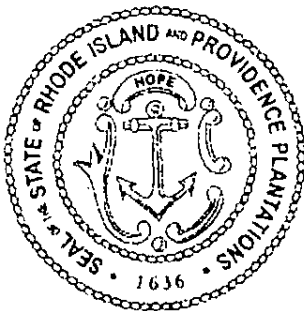
Lang Pharma Nutrition, Inc.

is a Rhode Island Business Corporation organized on **June 13, 1984**. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices: such information is not available from this office.

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SIGNED and SEALED on
March 13, 2020



Secretary of State

Certificate Number: 20030045040

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli