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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number

: (954)208-0845

\*\*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 | U        |
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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.

| If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Rhode Island  3.  (State or country under the law of which it is incorporated)  (FEI number, if applicable)  June 13, 1934  5.  (Date of duration, if other than perpetual)  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)  20 Silva Lane, Middletown, RI 02824  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  1200 South Pine Island Road  | name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) hode Island 3. (FEI number, if applicable) inte 13, 1934 5. (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Silva Lane, Middletown, R1 02824 (Principal office street address)  (Current mailing address, if different)  Name:  CT Corporation System  1200 South Pine Island Road (City)  (City)  (City)  (FEI number, if applicable) (FII number, if applicable)  | ang Pharma Nu     | rporation; must include "INCORPORATED;"  | "COMPANY," "CORPORATION,"   |                |
|---|--|-------------------|--|---|----------------|
| (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of unorporation)  (Date of incorporation)  (Date of incorporation)  (Date of unation, if other than perpetual)  (Date of unation, if other than perpetual)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (O Silva Lane, Middletown, R1 02824  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  C T Corporation System  1200 South Pine island Road  | And the stand state or country under the law of which it is incorporated)  (FEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Silva Lane, Middletown, Rt 02824  (Principal office street address)  (Current mailing address, if different)  Iame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  (City)  Florida 33324  (Zip code)  | Inc.," "Co.," "Co | rp," "Inc," "Со," or "Согр.")  |   |                |
| (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (O Silva Lane, Middletown, RI 02824  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  C T Corporation System  1200 South Pine Island Road   | And the stand state or country under the law of which it is incorporated)  (FEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Silva Lane, Middletown, Rt 02824  (Principal office street address)  (Current mailing address, if different)  Iame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  (City)  Florida 33324  (Zip code)  |                   |  |   |                |
| (State or country under the law of which it is incorporated)  June 13, 1934  5.  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  20 Silva Lane, Middletown, Rt 02824  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    C T Corporation System   1200 South Pine island Road   1200 South Pine Island Road | And the stand state or country under the law of which it is incorporated)  (FEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Silva Lane, Middletown, Rt 02824  (Principal office street address)  (Current mailing address, if different)  Iame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  (City)  Florida 33324  (Zip code)  |                   | The state of the s | adopted for the nurpose of transacting busine                                       | ss in Florida) |
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| (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  20 Silva Lane, Middletown, RI 02824  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  | (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Silva Lane, Middletown, Rt 02824  (Principal office street address)  (Current mailing address, if different)  Jame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  (City)  (City)  Thorida  (Zip code)  | Rhode Island      | 3.   | (FFI number if applicable   | )              |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  20 Silva Lane, Middletown, RI 02824  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine island Road  | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Silva Lane, Middletown, RI 02824  (Principal office street address)  (Current mailing address, if different)  iame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  C T Corporation System  1200 South Pine Island Road  Plantation  , Florida  (City)  | (State or country | under the law of which it is incorporated)   | (1 23 120112 01 1 1 1 1 1   | ,              |
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| (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road   | (Principal office street address)  (Current mailing address, if different)  (C |                   | (Date first transacted business in   | n Florida, if prior to registration; 502, F.S., to determine penalty liability)     |                |
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| fice Address:   | Plantation , Florida 33324 (Zip code)  | Name:             | C ( Corporation dystem   | <del></del>   | ;              |
| Plantation , Florida 33324  | (City) Florida 33324 (Zip code)  | Ton Address       | 1200 South Pine Island Road  |   |                |
| , totilda   | •  | ince Address.     | Plantation   | Worlds 33324  | <b>්</b> බ     |
| (City) (Zip code)   | •  |                   | (City)   | (Zip code)  | on.            |
|   |  |                   |  |   |                |
| rying been named as registered agent and to accept service of process for the above stated corporation at the   | TO THE STATE OF TH | signated in this  | s application, I hereby accept the appoint   | ment as registered agent and agree to a<br>relative to the proper and complete perj | formance of my |
| aving been named as registered agent and to accept service of process for the work and name to not in this ca   | gnated in this application, I hereby accept the appointment as registered agent and agree to act in this capa-   |                   |  |   |                |
| laving been named as registered agent and to accept service of process for the universities of process for the universities and agree to act in this calesignated in this application, I hereby accept the appointment as registered agent and complete performance of the proper and complete performance of   | gnuted in this application, I hereby accept the appointment as registered agent and complete performance of m  | na 1 am Jamuw     | tr.  |   |                |
| nd I am familiar with and accept the anaganous of my position and egocation is  | gnuted in this application, I hereby accept the appointment as registered agent complete performance of m<br>her agree to comply with the provisions of all statutes relative to the proper and complete performance of m<br>I am familiar with and accept the obligations of my position as registered agent.   |                   | ( )  |   |                |
| aving been named as registered agent and to accept service of process for the universited agent and agree to act in this can<br>exignated in this application, I hereby accept the appointment as registered agent and complete performance of<br>orther agree to comply with the provisions of all statutes relative to the proper and complete performance of<br>ad I am familiar with and accept the obligations of my position as registered agent.   | gnuted in this application, I hereby accept the appointment as registered agent complete performance of m<br>her agree to comply with the provisions of all statutes relative to the proper and complete performance of m<br>I am familiar with and accept the obligations of my position as registered agent.   |                   |  | linkal - VP   |                |
| aving been named as registered agent and to accept service of process for the universite to act in this carries in this application, I hereby accept the appointment as registered agent and agree to act in this carries in this application, I hereby accept the appointment as registered agent and complete performance of  | gnuted in this application, I hereby accept the appointment as registered agent complete performance of m<br>her agree to comply with the provisions of all statutes relative to the proper and complete performance of m<br>I am familiar with and accept the obligations of my position as registered agent.   |                   | <i>⊖</i> Olga H  | unikel • •  |                |

<sup>10.</sup> 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.

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

| ige 4 of 6 *     |   | 2020-03-18 11:33:58 CST | 12122023573 From: Kin    |
|------------------|---|-------------------------|--------------------------|
| A. DIRECTORS     |   |                         |                          |
| _Chairman        | David Lang                              | Chairman                | Name: Richard Lung       |
| ZVice Chairmun   | Address: 20 Silva Lane                  | Vice Chairman           | Address: 20 Silva Lane   |
| ☐ Director       | Middletown, RI 02824                    | Director                | Middletown, RI 02824     |
| ∑ President      |   | President               |                          |
| □ Vice President |   | <b>▼Vice President</b>  |                          |
| Secretary        | Treasurer.                              | <b>Z</b> Secretary      | Tressurer                |
| Z Other          |   | Other                   | Other                    |
|                  | Stewart Weinberg                        |                         | Matts Johansen           |
| ☐ Chairman       | 20 Citya I spe                          |                         | 20 Silva Lane            |
|                  | Address:                                | Z Director              | Middletown, RI 02842     |
| _Director        |   | President               |                          |
| President        |   |                         |                          |
| Vice Flosino.    | Z Treasurer                             | _ Secretary             | Tressurer                |
| Other            |   | Other                   |                          |
|                  | Trond Atle Smedsru                      | dChairman               | Name: Katrine Klaveness  |
| ☐ Chairman       | Name:                                   |                         | n Address: 20 Silva Lane |
| _Vice Chairms    | Middletown, RI 02842                    | ZDirector               | Middletown, RI 02842 CO  |
| Z Director       | , |                         | 25                       |
| President        | nt                                      |                         | , .                      |
| _Vice Presider   | Treasurer                               | Secretary               | Treasurer                |
| Secretary  Other | _ O.b                                   | Other                   | Other                    |

Important Notice: Use an anachment 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 Florigh Department of State Annual Report form.

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.

(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 Lanc Middletown, RI 02842

3705554,1/3879-1



## 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

1, 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.

SIGNED and SEALED on

Tulli U. Sola

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