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	(Requestor's Name)		
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**EXAMINER** 

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE'	merly CCRS)		я р
FILING COVER S ACCT. #FCA-23	SHEET			
CONTACT:	Kim Weider	<u>ıbach</u>		
DATE:	10/31/13			
REF. #:				
CORP. NAME:	HOLGANIX	<u>K, LLC</u>		
( ) ARTICLES OF INCO	ORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES	OF DISSOLUTION
( ) ANNUAL REPORT	• .	( ) TRADEMARK/SERVICE MAR	K () FICTITIOU	JS NAME
(XX ) FOREIGN QUALI	FICATION	( ) LIMITED PARTNERS	HIP ()LIN	MITED LIABILITY
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRA	WAL
( ) CERTIFICATE OF C	CANCELLATION			
( ) OTHER:	, 			<del></del>
				ZOUB OCT
STATE FEES PE	REPAID W	ITH CHECK# <u>10000540</u> FO	DR\$ 125.00	DCT 31
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEB	ITED:	
				AH III: 45
		COST	LIMIT: \$	<b>∌</b>
PLEASE RETUI	RN:	•		
( ) CERTIFIED COPY	y ()c	ERTIFICATE OF GOOD STANDIN	NG (X) PI	LAIN STAMPED COPY
( ) CERTIFICATE OI	F STATUS		, ,	

Examiner's Initials

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOLGANIX, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cer Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	tificate of in Florida
Please return all correspondence concerning this matter to the following:	
Belinda Schory	
Name of Person	
Penncorp Servicegroup, Inc.	
Firm/Company	
600 N. 2nd St., Ste. 401	<b>.</b>
Address	
Harrisburg, PA 17101	ALL DOT OF AMELINA
City/State and Zip Code	
penncorp@penncorp.net	2
E-mail address: (to be used for future annual report notification)	ا الا: معن
For further information concerning this matter, please call:	רע
Belinda Schory <sub>at (</sub> 800 <sub>)</sub> 544-9050 x 2	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	ate

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA.	
1. HOLGANIX, LLC	N 81
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.E.C.	'or!76?")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Plorida and a	ttach a conv of the written
content of the managers or managing members adopting the alternate name. The alternate name must include company," "L.L.C." (LLC.")	ide "Limited Liability
<sub>2</sub> DE 3. 27-1731880	
2, DE (Jurisdiction under the law of which foreign limited liability company is organized)  3. 27-1731880  (FEI number, If application application of the law of which foreign limited liability company is organized)	ole)
4. 1/22/2010 5. Perpetual	
(Date of Organization): (Duration: Year limited liability comexist or "perpetual")	pany will cease to
6. Not yet transacted business	<b>F</b> 22
(Date first transacted business in Horida, if prior in registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	20 C
<sub>7,</sub> 54 Conchester Road, Glen Mills, PA 19342	స్ట్రాట
	MC.
(Street Address of Principal Office):	77
V. 16 limited liability community a manager managed gormany about here	
8. If limited liability company is a manager-managed company, check here	5
). The name and usual business addresses of the managing members or managers are as	follows:
Barrett Ersek, Michael Gausling, Eric Arnson, Donald McCullough, Lav	wrence Miller
ail Managers with a business address of 54 Conchester Road, Glen Mil	ls, PA 19342
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	
ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a anslation of the certificate under outh of the translator must be submitted.)	ां तासि । सम्बद्धिः स
1. Nature of business or purposes to be conducted or promoted in Florida: Manufactu	re and sales
of organic products	
	<del></del>
Signature of a prember of an authorized representative of a member	<del>-</del>
(In accordance with section absented (3), F.S., the execution of this document constitutes an affirmation	
penalties of perjury that the facts stated herein are true I am aware that any false information su document to the Department of State constitutes a third degree felony as provided for in s.t	bmitted in a
Barrett Ersek, Manager	<b>:</b>
Typed or printed name of signed	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of HOLGAN	he Limited Liability Company is:	··	
if unavailable, th	e alternate to be uspd in the state of Florida is:	, ·,	
2. The name and	the Florida street address of the registered agent and office are:	Z	2013 007
	National Corporate Research, Ltd., Inc.	7.70	130
÷	(Namo)	SSE	ယ
	155 Office Plaza Drive		7
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	WOT.	**
	Tallahassee FL 32301	. 0.	Ę.
_	Ciry/State/2/p		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Tellin Asstocc.
(Significato)

\$ 100.00 Riling Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HOLGANIX, 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2013.

FEON SANCES AND 1:46

4779864 8300

131219824

AUTHENTY CATION: 0835563

DATE: 10-23-13

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