

WI9000007628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

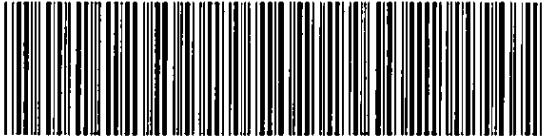
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WI9000065224
00647
no les

Office Use Only



400331872184

07/10/19--01013--001 **160.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2019

JAMA RUSSANO
3327 SANDPIPER WAY
NAPLES, FL 34109-8971 US

SUBJECT: ECONATURA ALL HEALTHY WORLD LLC
Ref. Number: W19000065226

We have received your document for ECONATURA ALL HEALTHY WORLD LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Zakiya M Brown
Regulatory Specialist II

Letter Number: 319A00014439

RECEIVED
JUL 29 2019

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ECONATURA ALL HEALTHY WORLD, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ECONATURA ALL HEALTHY WORLD L.L.C.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 47-1529102
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/01/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 3327 SANDPIPER WAY 6. 3327 SANDPIPER WAY
(Street Address of Principal Office) (Mailing Address)
NAPLES, FLORIDA 34109-8971 NAPLES, FLORIDA 34109-8971

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

Name: JAMA RUSSANO
Office Address: 3327 SANDPIPER WAY
NAPLES 34109-8971
(City) Florida (Zip code)

Registered agent's acceptance:
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 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.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JAMA RUSSANO	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3327 SANDPIPER WAY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	NAPLES, FLORIDA 34109-8971	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: RICHARD RUSSANO	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3327 SANDPIPER WAY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	NAPLES, FLORIDA 34109-8971	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

JAMA RUSSANO

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF FORMATION OF "ECONATURA ALL HEALTHY WORLD, LLC", WAS RECEIVED AND FILED IN THIS OFFICE THE THIRTIETH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY CEASED TO BE IN GOOD STANDING ON THE FIRST DAY OF JUNE, A.D. 2019, BY REASON OF NEGLIGENCE, REFUSAL, OR FAILURE TO PAY AN ANNUAL TAX, BUT REMAINS A DOMESTIC LIMITED LIABILITY COMPANY FORMED UNDER CHAPTER 18 OF TITLE 6.




Jeffrey W. Bullock, Secretary of State

5578156 8300X

SR# 20196118233

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

Authentication: 203273270

Date: 07-24-19