

# F13000003347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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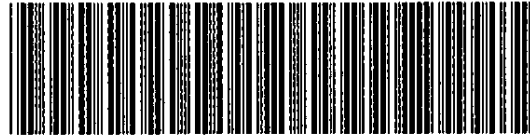
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*R 08/06/13*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** EK NUTRI, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAMIAN SHOTKOSKI

Name of Person

SHOTKOSKI & ASSOCIATES, PC

Firm/Company

PO BOX 30533

Address

LINCOLN, NE 68503-0533

City/State and Zip code

KIM@SHOTCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIAN A. SHOTKOSKI at ( 402 ) 476-9650

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. **EK NUTRI, INC.**

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

**COMPLETE NUTRITION**

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

2. **NEBRASKA**

(State or country under the law of which it is incorporated)

3. **26-3178523**

(FEI number, if applicable)

4. **AUGUST 11, 2008**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **JULY 12, 2013**

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

7. **1860 NE PINE ISLAND ROAD, SUITE 215, CAPE CORAL, FL 33909**

(Principal office address)

(Current mailing address)

8. **PRIVATE CORPORATION EMPLOYEE LEASING**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name:

**ERIC KNOBBE**

Office Address:

**1860 NE PINE ISLAND ROAD, SUITE 215**

**CAPE CORAL**

(City)

, Florida

**33909**

(Zip code)

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TALLAHASSEE, FLORIDA

**10. 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.*



(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: ERIC J KNOBBE

Address: 6756 BLUE RIDGE LANE  
LINCOLN, NE 68516

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ERIC J KNOBBE

Address: 6756 BLUE RIDGE LANE  
LINCOLN, NE 68516

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: ERIC J KNOBBE

Address: 6756 BLUE RIDGE LANE, LINCOLN, NE 68516

Treasurer: ERIC J KNOBBE

Address: 6756 BLUE RIDGE LANE, LINCOLN, NE 68516

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. ERIC J. KNOBBE, PRESIDENT

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF NEBRASKA

United States of America,        } ss.  
State of Nebraska                }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the  
State of Nebraska, do hereby certify that

**EK NUTRI, INC.,**

**was duly incorporated under the laws of this state on August 11, 2008 and do  
further certify that no occupation taxes assessed are unpaid and no  
occupation taxes are delinquent; Articles of Dissolution have not been filed  
and said Corporation is in existence as of the date of this certificate.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

In Testimony Whereof,



I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

**July 25, 2013**

*John A. Gale*  
Secretary of State