

FILE 000003706

(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:

Office Use Only



300288381563

08/18/16--01020--021 **650.00

08/01/16--01021--008 **70.00

16 AUG 18 AM 7:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W16-5776



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2016

ROBERT LOMBARDI
51 WOLSELEY ST SUITE 502
TORONTO ONTARIO CANADA, M5T-1A4 XX

SUBJECT: PRECISION NUTRITION US INC.
Ref. Number: W16000053379

We have received your document for PRECISION NUTRITION US INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$650.00.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 816A00016123

COVER LETTER

TO: Registration Section
Division of Corporations
Precision Nutrition US Inc.

SUBJECT: _____
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:
Robert Lombardi

Name of Person
Precision Nutrition US Inc.

Firm/Company
51 Wolseley Street, Suite 502

Address
Toronto, Ontario M5T 1A4

City/State and Zip code
robert@precisionnutrition.com

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

For further information concerning this matter, please call:

Robert Lombardi 416 435-3915

Name of Person at () Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.*

Precision Nutrition US Inc.

1. _____
(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)
Delaware 472298794

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
October 24, 2014

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
September 18, 2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
51 Wolseley Street, Suite 502, Toronto, Ontario M5T 1A4

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: NRAI Services Inc.

Office Address: 1200 South Pine, Island Road
Plantation, Florida 33324
(City) (Zip code)

15 AUG 18 AM 7:07
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

William J. Delaport

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

A. DIRECTORS

Phillip Caravaggio

Chairman:

21B Grove Avenue, Toronto, Ontario, M6J 3B5

Address:

John Berardi

Vice Chairman:

145 Lake Street, Grimsby, Ontario, L3M 4M6

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Phillip Caravaggio

President:

21B Grove Avenue, Toronto, Ontario, M6J 3B5

Address:

Vice President:

Address:

John Berardi

Secretary:

145 Lake Street, Grimsby, Ontario, L3M 4M6

Address:

Treasurer:

Address:

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

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.

Phillip Caravaggio, President

13. _____

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

16 AUG 18 AM 7:57
STATE DEPT OF STATE
INTERNAL SECURITY SECTION
FLORENCE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRECISION NUTRITION US INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRECISION NUTRITION US INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5623940 8300

SR# 20164592421

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202538193

Date: 06-22-16