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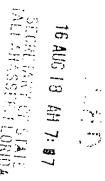
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08/18/16--01020--021 **650.00

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



WIL-STAR



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

	on Section f Corporations ision Nutrition US Inc.				
SUBJECT:		<u> </u>			
	Name of	corporation	- must include	suffix	
Dear Sir or Madan	1:				
"Certificate of Exi	olication by Foreign Corstence," or "Certificate of oreign corporation to tra	of Good Stan	ding" and chec		
Please return all co Robert Lombardi	orrespondence concernir	g this matter	to the following	ng:	
		Name of	Person		
Precision Nutrition I	JS Inc.				
51 Wolseley Street,	Suite 502	Firm/Com	pany	*****	
Toronto, Ontario	Л5Т 1A4	Addre	ess		
robert@precisionnul	rition.com	City/State a	nd Zip code		
	E-mail address:	(to be used t	or future annu	al report no	tification)
For further inform	ation concerning this ma	itter, please o	eall:		
Robert Lombardi		416	435-3915		,
Name of I		Area Cod) e Dayti	me Telepho	one Number
Registration Division of Clifton Bu 2661 Exec Tallahasse	f Corporations ilding utive Center Circle e, FL 32301		Regi Divi P.O.	ILING AD stration Sec sion of Cor Box 6327 ahassee, FL	ctio n porations
Enclosed is a chec	k for the following amo	unt:			
\$70.00 Filing F	Gee		1 \$78.75 Filing Certified Co	-	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
	472298794
3. (State or country under the law of which it is incorporated) October 24, 2014	
(Date of incorporation) September 18, 2015	(Date of duration, if other than perpetual)
September 16, 2013	
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 Wolseley Street, Suite 502, Toronto, Ontario M5T 1A4	
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15051 Wolseley Street, Suite 502, Toronto, Ontario M5T 1A4	Florida, if prior to registration) 02, F.S., to determine penalty liability) al office address)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Wolseley Street, Suite 502, Toronto, Ontario M5T 1A4 (Principa	
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 1 Wolseley Street, Suite 502, Toronto, Ontario M5T 1A4 (Principal (Current mailing)) Name and street address of Florida registered agent: (P.O.)	al office address) g address, if different) . Box NOT acceptable)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 Wolseley Street, Suite 502, Toronto, Ontario M5T 1A4 (Principal (Current mailing)	al office address) g address, if different) . Box NOT acceptable)

(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.

duties, and I am familiar with and accept the obligations of my position as registered agent.

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: _ **B. OFFICERS** Phillip Caravaggio President: 21B Grove Avenue, Toronto, Ontario, M6J 3B5 Address: _ Vice President: John Berardi Secretary: 145 Lake Street, Grimsby, Ontario, L3M 4M6 Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

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

a third degree felony as provided for in s.817.155, F.S.

Phillip Caravaggio, Prsident

Page 1

<u>Delaware</u>

The First State

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 Authentication: 202538193

Date: 06-22-16