

File 000004106

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000229360 3)))



H160002293603ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

16 SEP 15 AM 9:54
SECRETARY OF STATE
ALLSTATE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
LLB DIET CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

SEP 16 2016

S. YOUNG

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LLB DIET CORP. was filed on 02/12/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 14th day of September
two thousand and sixteen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

RECEIVED
STATE DEPT OF STATE
ALBANY, N.Y.
15 SEP 15 AM 9:54

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. LLB DIET CORP.

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

LLB DIET CORP.

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

2. NEW YORK

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

3. _____

(FBI number, if applicable)

4. FEBRUARY 12, 2014

(Date of incorporation)

5. PERPETUAL

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

6. _____

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

7. 4051 N41 CT. HOLLYWOOD, FL 33021

(Principal office address)

4051 N41 CT. HOLLYWOOD, FL 33021

(Current mailing address)

8. _____

(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: SHEERLI SISSO

Office Address: 4051 N41 CT.

HOLLYWOOD

(City)

, Florida 33021

(Zip code)

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.

16 SEP 15 AM 9:54

REC'D BY DEPT OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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

A. DIRECTORS

Chairman: SHEERLI SISSO

Address: 4051 N41 CT.

HOLLYWOOD, FL 33021

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SHEERLI SISSO

Address: 4051 N41 CT.

HOLLYWOOD, FL 33021

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. SHEERLI SISSO, President

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

16 SEP 15 AM 9:54

RECEIVED
STATE DEPT OF STATE
BUREAU OF CONSUMERS