# F16000005047

(Req	uestor's Name)			
(Add	ress)			
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(City	/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Rus	iness Entity Nam	(A)		
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(Day	cument Number)			
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Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:			
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Office Use Only



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NOV 10 2016 S. YOUNG SECRETARY OF STATE FALLAHASSIE TLORIDA



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2016

DEBRA W AARON LACORE ENTERPRISES LLC 901 SAM RAYBURN HWY MELISSA, TX 75454

SUBJECT: INNOV8TIVE NUTRITION INC.

Ref. Number: W16000072730

We have received your document for INNOV8TIVE NUTRITION 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):

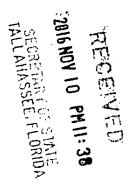
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is 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.

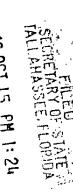
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shelia H Young Regulatory Specialist II

Letter Number: 716A00022965





## **COVER LETTER**

то:		ration Sec on of Corp						
SUBJ	ECT:	Innov8tive	Nutrition Inc.					
	, – – ,			of corpora	tion -	must include suffix		
Dear S	ir or Ma	ıdam:						
"Certif	ficate of	Existence		e of Good S	Stand	uthorization to Transacing" and check are subs in Florida.		
Please	return a	ll corresp	ondence concert	ning this ma	atter 1	o the following:		
Debra '	W Aaron							
				Name	of P	erson		
LaCore	Enterpr	ises LLC						
				Firm/C	Comp	any		18 C
901 Sa	m Raybu	rn Hwy						<u>e</u> :
				A	ddres	S		
Melissa	n, TX 75	454						نا (ا ا
				City/Sta	te an	d Zip code		16 OUT 15 PM 1: 2
debra@	lacore.c	om						<del></del>
			E-mail addres	ss: (to be us	ed fo	r future annual report r	notification)	F
For fu	ther inf	ormation	concerning this	matter, plea	ise ca	11:		
Debra	W Aaron			at ( <u>972</u>		) 468-1448		
	Name	of Persor	)	Area (	Code	Daytime Telepl	hone Number	
	Regist Division Clifton 2661 E Tallah	ration Secon of Corp on Building Executive assee, FL	Center Circle 32301			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclos	ed is a c	heck for	the following an	nount:				
<b>S</b> \$70	).00 Fili	ng Fee	☐ \$78.75 Fili Certificate	-		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Certificate of Certified Cop	Status &

# 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.

[] In	nov8tive Nutrit	ion Inc.			
		rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	_	
(11	f name unavailal	ole in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florid	la)	
2. T	exas	3. 9	81-3670045		
(	State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4. 8/	/09/2016	5.			
		of incorporation)	(Date of duration, if other than perpetual)		
6 19	0/04/2016				
ىند ٥٠٠	<u> </u>	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
7,90	l Sam Rayburn	Hwy, Melissa, TX 75454			Fa.
-			al office address)	5 OCT	EGRE
******		. (Current mailin	g address, if different)	5	ASSI ASSI
8. N	lame and <u>stree</u>	t address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	PM -:	79
	Name:	URS Agents, LLC		42	000 000
Offi	ce Address:	3458 Lakeshore Dr	Northead Section 1		
		Taliahassee	, Florida 32312		
		(City)	(Zip code)		
Hav desij furt	ing been nam gnated in this her agree to c	application, I hereby accept the appointmomply with the provisions of all statutes ramiliar with and accept the obligations of URS Agents, LLC		capacity.	
		Bu: Amy Produ	Purdy, Assistant Secretary		

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 Chairman: Terry LaCore Address: 522 LaCore Ln Melissa, Tx 75454 Vice Chairman: Jenifer Grace Address: 24 Brookhollow Cir Melissa, TX 75454 Director: Address: **B. OFFICERS** President: Terry laCore Address: 522 LaCore Ln Melissa, TX 75454

Address: _		 
-		
Secretary:	Jenifer Grace	 
Address: _	24 Brookhollow Cir, Melissa TX 75454	 
Treasurer:	Debra Aaron	

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

Vice President:

Address: 8508 Bayham Dr, Plano, TX 75024

W CAMCE

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.

13. Jenifer Grace, Secretary

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

> Innov8tive Nutrition, Inc. Filing Number: 802517097

Certificate of Formation Certificate of Amendment August 09, 2016 August 31, 2016

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seabof State at my office in Austin, Texas on October 17, 2016.

Carlos H. Cascos Secretary of State

Culc



Phone: (512) 463-5555

Prepared by: SOS-WEB

TID: 10266

Dial: 7-1-1 for Relay Services Document: 694665000003

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Innov8tive Nutrition, Inc. Filing Number: 802517097

Certificate of Amendment

August 31, 2016

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 03, 2016.



Carlos H. Cascos
Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10266 Document: 697558230003 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

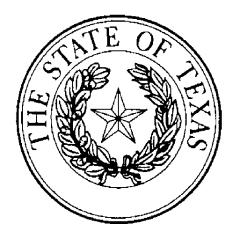


## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on August 31, 2016, Innova8tive Nutrition, Inc., a Domestic For-Profit Corporation (file number 802517097), changed its name to Innov8tive Nutrition, Inc.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 03, 2016.



CULC

Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Phone: (512) 463-5555 Fax: (512) 463-5709
Prepared by: SOS-WEB TID: 10254

Dial: 7-1-1 for Relay Services Document: 697558230003

#### Form 201

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709

Filing Fee: \$300



## Certificate of Formation For-Profit Corporation

Filed in the Office of the Secretary of State of Texas Filing #: 802517097 08/09/2016 Document #: 684111780002 Image Generated Electronically for Web Filing

#### Article 1 - Entity Name and Type

The filing entity being formed is a for-profit corporation. The name of the entity is:

#### Innova8tive Nutrition, Inc.

The name must contain the word "corporation," "company," "incorporated," "limited," or an abbreviation of one of these terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

#### Article 2 - Registered Agent and Registered Office

□A. The initial registered agent is an organization (cannot be corporation named above) by the name of:

#### OR

√B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Jenifer Grace

ace

C. The business address of the registered agent and the registered office address is:

Street Address:

901 Sam Rayburn Hwy Melissa TX 75454

Consent of Registered Agent

I. A. A copy of the consent of registered agent is attached.

OF

B. The consent of the registered agent is maintained by the entity.

#### **Article 3 - Directors**

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are set forth below:

Director 1: Jenifer Grace

Address: 901 Sam Rayburn Hwy Melissa TX, USA 75454

Director 2: Terry LaCore

Address: 901 Sam Rayburn Hwy Melissa TX, USA 75454

#### Article 4 - Authorized Shares

The total number of shares the corporation is authorized to issue and the par value of each of such shares, or a statement that such shares are without par value, is set forth below.

Number of Shares Par Value (must choose and complete either A or B)

Class Series

10000

A. has a par value of \$0.01

□. B. without par value.

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, and the par value (or statement of no par value), of each class. If shares of a class are to be issued in series, you must provide the designation of each series. The preferences, limitations, and relative rights of each class or series must be stated in space provided for supplemental information.

#### Article 5 - Purpose

The purpose for which the corporation is organized is for the transaction of any and all lawful business for which corporations may be organized under the Texas Business Organizations Code.

#### **Supplemental Provisions / Information**

[The attached addendum, if any, is incorporated herein by reference.]

#### **Effectiveness of Filing**

A. This document becomes effective when the document is filed by the secretary of state.

OR

IB. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

#### Organizer

The name and address of the organizer is set forth below.

Jenifer Grace

901 Sam Rayburn Hwy, Melissa TX 75454

#### Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

#### Jenifer Grace

Signature of organizer

FILING OFFICE COPY

16 NCT 15 PM 1: 24

Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



Certificate of Amendment

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

AUG 3 1 2016

Corporations Section

Entity	Inform	ation
--------	--------	-------

The name of the filing entity is:		
Innova8tive Nutrition, Inc.		
State the name of the entity as currently shown of the entity, state the old name and not the nev	in the records of the secretary of state. If the amendment chang y name.	es the name
The filing entity is a: (Select the appropriate	entity type below.)	. Fun
For-profit Corporation	Professional Corporation	<b>5</b>
Nouprofit Corporation	Professional Limited Liability Company	BCT
Cooperative Association	☐ Professional Association	5
Limited Liability Company	Limited Pattnership	errit erri
The file number issued to the filing ent	ity by the secretary of state is: 802517097	PH FLO
The date of formation of the entity is:	08/09/216	2 2
•		
	Amendments	
(If the purpose of the certificate of amo	1. Amended Name andment is to change the name of the untity; use the following statement	
The amendment changes the certificate	e of formation to change the article or provision that	names the

The name of the filing entity is: (state the new name of the entity below)

filing entity. The article or provision is amended to read as follows:

Innov8tive Nutrition. Inc.

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

#### 2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Fonn 424

6

·	olete either A or i	gistered Ägent B, but not both. Also ce	•		
A. The registered agent is an	n organization	(cannot be entity named)	ibine) by the name o	f:	
OR  B. The registered agent is an	r individual re	sident of the state v	vhose name is:		and the proof of
Jenifer	L.	Grace			
First Name		Last Name		Sultiv	
The person executing this instruhus consented to serve as register		that the person de	signated as the new	registerec	d agent
C. The business address of the r	egistered ager	nt and the registered	office address is:		
901 Sain Rayburn Highway		Melissa	TX	75454	
Street Address (No. P.O. Box)		City	State	Zip Code	
		ltered, or Deleted		If the war a second	manifel . I
Other changes or additions to the centil is insufficient, incorporate the addition form for further information on format	nal text by provid				
Text Area (The attached addendum, if any, is	s'incorporated here	ein by reference.)			ALL SELL
Add each of the following pr			nation. The identif	ication or	16 OCT 15
reference of the added provision	and the full to	ext are as follows:			一一同型
1					- G (数文)
					2
					- 95
					こと
					Y.
Alter each of the following reference of the altered provisio					
			•		•
Delete each of the provision	is identified be	clow from the certif	icate of formation.		
				•	
	·				

## Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

## Effectiveness of Filing (Select either A. B. or C.)

the date of signing. The delayed effective date C. This document takes effect upon the occupassage of time. The 90 <sup>th</sup> day after the date of s	er date, which is not more than ninety (90) days from is:  urrence of a future event or fact, other than the	n 
The undersigned signs this document subject t	xecution o the penalties imposed by law for the submission of critifies under penalty of perjury that the undersigneing the entity to execute the filing instrument.	
Ву:		SECHE WARY OF STATE TALLAHASSEF, FLORIDA