Division of Corporations



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(((H160003009143)))



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To;

Division of Corporations

Fax Number : (850) 617-6383

Erom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Pnone : (614)280-3338 Fax Number : (954)208-0845

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

c Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Ultimate Nutrition, Inc.

Certificate of Status	1
Certified Copy	I
Page Count	05
Estimated Charge	\$87.50

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corpora			
Ultimate Nati			
SUBJECT:			
	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign co	or "Certificate of Good Sta	inding" and check are sub	et Business in Florida," mitted to register the
Please return all correspond Kelly F. O'Donnell	ence concerning this matte	er to the following:	
	Name o	Person	
Pullman&Comley,LLC	, taine c	. 1 0.000	
850MainStreet,POBox700	Firm/Co	npany	
Bridgeport, CT 06601	Add	ress	
brubino@ultimatenutrition.co		and Zip code	And the language of the langua
Ì	E-mail address: (to be used	for future annual report n	notification)
For further information con	cerning this matter, please	call:	طبر بد
Kelly O'Donnell	203	330-2264	高 田 T
Nume of Person	Area Co	de Daytime Telepi	1911 0 m
STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassec, FL 32	n ntions nter Circle	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassec, Fi	ection 55
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 RE	COMPLIANCE COISTER A FOR	NUTH SECTION 607.1503, FLORIDA S REIGN CORPORATION TO TRANSACT I	TATUTES, THE FOLLOWING IS BUSINESS IN THE STATE OF FI	SUBMITTED TO .ORIDA.			
1112	UltimateNutriti		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1.							
	(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	•			
	UltimateNutritionofFlorida,Inc.						
	Connecticut	able in Florida, enter alternate corporate name	061331756				
2.	4674	y under the law of which it is incorporated)	CITY washes if and	-Unalsla)			
	Name	nae					
4.	Date	of incorporation) 5.	(Date of duration if other	than neroctual's			
				,			
2	21 Hyde Road, Fa	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 armington, Connecticut 06034	502, F.S., to determine penalty habili	ıy)			
' '		(Princi	pal office address)				
-		(Current mail)	ng address, if different)				
		,					
8.	Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)				
	Name:	CTCorporationSystem					
Of	Tice Address:	1200SPincIslandRoad	 -	高			
Ψ,	troo ratios ons.	Plantation	, Florida	題号工			
		(City)	(Zip code)	18 & F			
o	Danistarad one	ent's acceptance:		719 JU			
He	aving been nam	ed as registered agent and to accept serv	ice of process for the above state	d corporation at the place			
de	signated in this	application, I hereby accept the appoint	ment as registered agent and agr	ee to act in Hijs copacity. I			
fu du	rther agree to caties, and I am f	omply with the provisions of all statutes umiliar with and accept the obligations	relative to the proper and comple of my position as registered agent	te perforijiance ofany L			
	James M. Halpin						
		Can m Dis	Assistant Secretary				
		(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.

DEC. 7. 2016 11:49AM ULTIMATE NUTRITION

NÖ. 851 Pr. 1

II. Nan	nes and business addresses of officers and/or directors:		
a dir	ECTORS Elizabeth Rubino		
Chairmar	n:4 Townsend Road	<u></u>	
Address:	•	•	
	Farmington, Connecticut 06032		
Vice Cha	tirman:		
Address:			
		· · · · · · · · · · · · · · · · · · ·	
Director:			
Address:		· · · · · · · · · · · · · · · · · · ·	
Director:			
Addross:	·		
President Address:	1 Langley Park		
Vice Pres	sident:		
Address:		<u> </u>	<u></u> 5
		72.5	品工
Scoretary	Brian M. Rubino	1/2	
•	l Langley Park, Farmington, Connectiout 06032		
Address: Treasurer	Brian M. Rubino	-1	9
Address:	1 Langley Park, Farmington, Connection 06032	-	92 S
NOTE:	If necessary, you may attach an addendum to the application) sting a	dditional officers and/or di	rectors.
12			
are true : a third de Bris	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 and that he or she is aware that false information submitted in a documegree felony as provided for in s.817.155, F.S. in M. Rubino, President	above) affirms that the facts nent to the Department of S	s stated herein tate constitutes
13	(Typed or printed name and canacity of parcon signing	a application)	

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

ULTIMATE NUTRITION, INC.

a domestic STOCK corporation, was filed in this office on November 30, 1988, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: December 08, 2016



Business ID: 0226573

Express

Certificate Number: 2016373086001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov