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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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

Email Address: kallie.booth@compasshealthbrands.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
COMPASS HEALTH BRANDS CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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2017 FEB -2 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPASS HEALTH BRANDS CORP.

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:

Capitol Services - Corporate Filings Team

Name of Person

Capitol Services, Inc.

Firm/Company

206 E. 9th St., Ste 1300

Address

Austin, TX 78701-4411

City/State and Zip code

kallie.booth@compasshealthbrands.com

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

For further information concerning this matter, please call:

Daniel Iverson

Name of Person

at (800) 345-4847

Area Code

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.*

1. COMPASS HEALTH BRANDS CORP.

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

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

2. DE 3. 46-5147385
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 03/19/2014 5. _____
(Date of incorporation) (Date of duration, if other than 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. 6753 ENGLE ROAD, MIDDLEBURG HEIGHTS, OH 44130
(Principal office address)

6753 ENGLE ROAD, MIDDLESBURG HEIGHTS, OH 44130
(Current mailing address, if different)

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (Zip code)

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.

Kristin Bolden
(Registered agent's signature)

Kristin Bolden
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.

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AMERICAN BAR ASSOCIATION

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

A. DIRECTORS

Chairman: CHAD SPOONER

Address: 60 EAST 42ND STREET, SUITE 5230

NEW YORK, NY 10165

Vice Chairman: VARUN BEDI

Address: 60 EAST 42ND STREET, SUITE 5230

NEW YORK, NY 10165

Director: GABRIEL WOOD

Address: 60 EAST 42ND STREET, SUITE 5230

NEW YORK, NY 10165

Director: _____

Address: _____

B. OFFICERS

President: STUART STRAUS

Address: 8753 ENGLE ROAD

MIDDLEBURG HEIGHTS, OH 44130

Vice President: VARUN BEDI

Address: 60 EAST 42ND STREET, SUITE 5230

NEW YORK, NY 10165

Secretary: VARUN BEDI

Address: 60 EAST 42ND STREET, SUITE 5230, NEW YORK, NY 10165

Treasurer: GABRIEL WOOD

Address: 60 EAST 42ND STREET, SUITE 5230, NEW YORK, NY 10165

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.

13. _____

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

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FILED

Daniel Iverson 800-432-3622

(05/06) 02/01/2017 04:50:04 PM

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ADDENDUM

OFFICER:

**James Hileman, Chief Financial Officer 6753 Engle Road, Middleburg Heights, OH
44130**

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPASS HEALTH BRANDS CORP." 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-SEVENTH DAY OF JANUARY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPASS HEALTH BRANDS CORP." WAS INCORPORATED ON THE NINETEENTH DAY OF MARCH, A.D. 2014.

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



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SR# 20170488380

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

Authentication: 201943052

Date: 01-27-17

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