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Office Use Only



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BF 12/1/17

## **COVER LETTER**

TO:	Registration Section Division of Corpor				
SURI	Nature's Best	Relief, Inc.			
5000		· Name of corpo	ration -	must include suffix	<del></del>
Dear S	Sir or Madam:				
"Certif	ficate of Existence,"		d Stand	ing" and check are sub	et Business in Florida," mitted to register the
Please Carl M		lente concerning this	matter t	o the following:	
		Na	ne of Pe	erson	
Law O	ffice of Carl Miller				
		Firn	ı/Comp	any	
26 We	st Dry Creek Circle, Su	ite 600			
			Addres	S	
Littleto	on. CO 80120				
		City/S	late and	l Zip code	<u> </u>
carl@c	carlmillerlaw.com				
		E-mail address: (to be	used fo	r future annual report r	notification)
For fu	rther information cor	cerning this matter, p	ease ca	11:	
Carl M	liller	, 171			
	Name of Person	at ( Are	a Code	Daytime Telep	none 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		
	sed is a check for the $0.00$ Filing Fee	following amount: \$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.

Nature's Best Rel.	elief, Inc.		
(Enter name of c	orporation; must include "INCORPORATED," orp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION	N."
Of name unavail	able in Florida, enter alternate corporate name a	dented for the purpose of transacti	no husiness in Florida)
Colorado	-1		
(State or countr	y under the law of which it is incorporated)		
(Date of incorporation)			than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) ek Circle, Suite 600, Littleton, CO 80120	Florida, if prior to registration) 32, F.S., to determine penalty liabil	ity)
*	(Principa	al office address)	<del></del>
<del></del>	(Current mailing	g address, if different)	20i
. Name and <u>strec</u> Name:	et address of Florida registered agent: (P.O Registered Agents, Inc.	. Box <u>NOT</u> acceptable)	2017 180 \$ 38 AM (\$ 8)
Office Address:	3030 N. Rocky Point Dr., Ste 150A		
		. Florida	(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
	(City)	(Žip code)	: •
Taving been nam lesignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointments comply with the provisions of all statutes refamiliar with and accept the obligations of	nent as registered agent and agelative to the proper and compliant position as registered agen	rec to a fi in this capacity. ete perforname of my

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.

JF

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Nature's Best Relief, Inc.

#### is a

### Corporation

formed or registered on 05/26/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171404085.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/30/2017 that have been posted, and by documents delivered to this office electronically through 11/02/2017 @ 15:10:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/02/2017 @ 15:10:51 in accordance with applicable law. This certificate is assigned Confirmation Number 10531955 .



Hogy N. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option! the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.statc.co.us/biz/Certificate/SearchCriteria.do entering the certificate confirmation number displayed on the certificate, and following the instructions displayed, Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of, a certificate. For more information, visit our Web site, http://www.sos.statc.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."