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## **COVER LETTER**

TO: Registration Section Division of Corpora				
RADIKALFIT	NESS NUTRITION USA IN	IC .		
SUBJECT:	Name of corporatio	n - must include suffix		
Dear Sir or Madam:	·			
The enclosed "Application be "Certificate of Existence," cabove referenced foreign co	r "Certificate of Good Sta	nding" and check are sub		
Please return all correspond ALEJANDRO PARRA	ence concerning this matte	er to the following:		
Radikalfitness Nutrition USA	Name of	Person	- Jo	
3606 Enterprise Ave, Suite 366	Firm/Cor	npany		
Naples, Fl. 34104	Addı	ess		
alex@sportlander.com	City/State a	and Zip code		
F	-mail address: (to be used	for future annual report	notification)	
For further information conc	erning this matter, please	call;		
FRISO KRAHMER	347	765-1300	765-1300	
Name of Person	at ( Area Cor	de Daytime Telep	hone Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassec, FL 323	tions ter Circle	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	section orporations 7	
Enclosed is a check for the f	ollowing amount:			
☐ \$70.00 Filing Fee ■	\$78.75 Filing Fee & Certificate of Status	S78.75 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. RADIKALFITNESS NUTRITION USA INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 27-0846576 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) 03/01/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3606 Enterprise Ave, Suite 366 7. Naples, FL 34104 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Alejandro Parra Name: 3606 Enterprise Ave. Suite 366 Office Address: Naples \_\_ , Florida (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. (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 eustody 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: \_\_\_\_\_ Address: \_\_\_\_\_\_ Vice Chairman: \_\_\_\_ Address: \_\_ Address: **B. OFFICERS** င Alejandro Parra President: 3606 Enterprise Ave, Suite 366 Address: Naples, FL 34104 1 Vice President: Address: \_\_\_\_\_ Address: \_\_ Treasurer: \_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional off ers and/or directors. 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. Alejandro Parra, President 13. \_\_\_\_\_

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

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of RADIKALFITNESS NUTRITION USA, INC. was filed on 07/10/2009, 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.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 25th day of January two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State