

F19000001383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

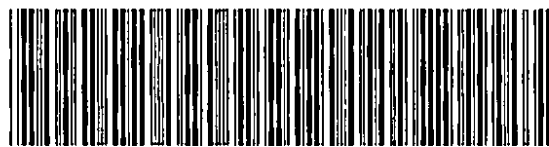
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FILED
2019 MAR -8 PM 2:40
FALL MOUNTAIN, ALA

BRUCE
MAR 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUTRA SALES INTERNATIONAL LLC

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:

KEVIN P. KASSEBAUM

Name of Person

KEVIN P. KASSEBAUM, CPA, PA

Firm/Company

7015 BERACASA WAY, STE 105

Address

BOCA RATON, FL 33433

City/State and Zip code

KEVIN@KASSEBAUMCPA.COM

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

For further information concerning this matter, please call:

KEVIN P. KASSEBAUM

561

347 - 9300

at ()

Name of Person

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

FILED
2019 MAR 8 PM 2:40
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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.

NUTRA SALES INTERNATIONAL LLC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. DELAWARE 3. 83-3534446
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/11/19 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 300 SE 2nd STREET, SUITE 600 FORT LAUDERDALE, FL 33301
(Principal office address)

(Current mailing address, if different)


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

Name: KEVIN P. KASSEBAUM

Office Address: 7015 BERACASA WAY, SUITE 105
BOCA RATON, Florida 33433
(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 custody of corporate records in the jurisdiction under the law of which it is incorporated.

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2019 MAR -8 PM 2:40
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JUSTIN BOYETTE
300 SE 2nd STREET, SUITE 600
Address: FORT LAUDERDALE, FL 33301

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JUSTIN BOYETTE
300 SE 2nd STREET, SUITE 600
Address: FORT LAUDERDALE, FL 33301

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

2. Justin Boyette
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 third degree felony as provided for in s.817.155, F.S.

3. JUSTIN BOYETTE PRESIDENT

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

FILED
2019 MAR - 8 PM 2:40
CLERK OF DISTRICT COURT
FORT LAUDERDALE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUTRA SALES INTERNATIONAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUTRA SALES INTERNATIONAL LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2019.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7277414 8300

SR# 20191431927

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

Authentication: 202332520

Date: 02-26-19