F19000003693

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

то:	Registration Sec Division of Cor						
SHR:	JECT:		Lifenatural, Inc.				
13 () 1 34	<u> </u>	Name	of corporation - n	nust include suffix			
Dear S	Sir or Madam:						
"Certi		e," or "Certificate	of Good Standir	thorization to Transac ng" and check are sub in Florida.			
Please	e return all corresp	ondence concern	ing this matter to Carl Mullay	the following:			
			Name of Per	Son			
			TDC Financial				
			Firm/Compar	nv			
		531	0 South Alston Av	•			
_			Address				
		ĺ	Durham, NC 277	713-4381			
			City/State and	Zip code		2	•
			cmullay@dilwe	-	7 .	919	
	•	E-mail addres	s: (to be used for	future annual report r	notification)_	2019 AUG	19
For fu	irther information	concerning this n	natter, please call	:	:	-2	الا ستنام الا
	Carl Mullay		919 at ()	313-2753	ţŗ	РИ 4: 30 	
	Name of Perso	n	Area Code	Daytime Telepl	hone Number	: 30	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclo	sed is a check for	the following am	ount:				
= \$7	0.00 Filing Fee	☐ \$78.75 Filin Certificate	•	78.75 Filing Fee & Certified Copy	S87.50 Fil Certificate	e of Status	æ

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.

	Lifenatu	ral, Inc.				
(Enter name of c	orporation; must include "INCOF orp," "Inc," "Co," or "Corp.")	RPORATED," "C	OMPANY," "CORPORATIO	N."		
(If name unavail	able in Florida, enter alternate co	porate name adop	ted for the purpose of transacti	ng business	in Flori	 da)
	State of Wyomina		30-053.1718			
(State or countr	y under the law of which it is inco	orporated)	(FEI number, if a	pplicable)	_	
February 11, 2009			Pernetual			
(Date	(Date of incorporation) 5.		(Date of duration, if other than perpetual)			
,	, evev ,		(2)		•	
	(Data first transport	ad business in Flo	rida, if prior to registration)			
			F.S., to determine penalty liabi	lity)		
	6400 Floti	lla Dr. Unit 83, He	olmes Beach, FL 34217			
		(Principal of	ffice address)			
	1912 Car	-	Cheyenne, WY 82001			
			dress, if different)			
	, ,	current manning ac	diess. If differenty			
Ni		1	NOT	•	201	
Name and street	et address of Florida registered	a agent: (P.O. B	ox <u>NOT</u> acceptable)	ج.: 	2019 AUG -	energy (i ii
Name:	Marc Smulowitz		_		5	ner des
	6400 Flotilla Dr. Unit 83			:.	÷	31.5-24
ffice Address:			_	1	P	
	Holmes Beach		34217 	ja i	PH 4: 30	
	(City)		(Zip code)	<u> </u>	ည်	
				,	0	
L,*	ent's acceptance:		.Carring for the above state			وراء درمان
	ned as registered agent and to s application, I hereby accept					
orther agree to c	comply with the provisions of	all statutes relat	ive to the proper and comp	lete perfo	mance	of my
uties, and I am j	comply with the provisions of familiar with and accept the c	oblikations of my	position as registered agei	nt.		
		X				
		1 / 1				
_		+				
		(Registered agen	t'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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Marc Smulowitz Chairman:

Address:	5400 Flotilla Dr. Unit 83
	folmes Beach, FL 34217
Vice Cha	nan:
Address:	
Director:	
Director:	
B. OFF President	Marc Smulowitz
Address:	5400 Flotilla Dr. Unit 83
radi (33.	Holmes Beach, FL 34217
Vice Pre	lent:
Address:	F.: 3
Secretary	Marc Smulowitz
Address:	6400 Flotilla Dr. Unit 83, Holmes Beach, FL 34217
Treasure	Marc Smulowitz
Address:	6400 Flotilla Dr. Unit 83. Holmes Beach, Fl. 34217
	f necessary, you may attach an addendum to the application listing additional officers 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.

Marc Smulowitz

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Lifenatural, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **February 11**, **2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000565988**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of July, 2019 at 8:13 AM. This certificate is assigned 031934734.

want X. Sur

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.