

5/6/20

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000133634 3)))



H200001336343ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

**Foreign Limited Liability Company
NEPTUNE NATURALS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

2020 MAY -6 AM 11:59

MAY -6 A 11:59

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

May 11 2020

H20000133634 3**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Neptune Naturals, Inc.
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:

Sofia Parvin

Name of Person

Neptune Wellness Solutions, Inc.

Firm/Company

545, Promenade du Centropolis, Suite 100,

Address

Laval, QC. H7T 0A3, Canada

City/State and Zip code

s.parvin@neptunecorp.com

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

For further information concerning this matter, please call:

Christopher Piazza

at (450)

687-2262 ext. 265

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

H20000133634 3

DocuSign Envelope ID: F553C353-B4CD-45FA-BACB-E904C9091DD7

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
DO 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. NEPTUNE NATURALS, INC.

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

N/A

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

2. STATE OF DELAWARE

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. APRIL 16, 2020

(Date of incorporation)

5. N/A

(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. 545 PROMENADE DU CENTROPOLIS, SUITE 100, LAVAL, QC, H7T 0A3, CANADA

(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

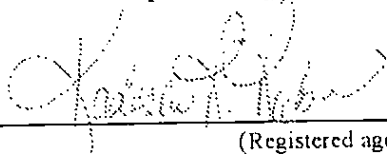
, Florida

32302

(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.



KADESHA ROBERSON, ASST. VICE PRESIDENT

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

H20000133634 3

DocuSign Envelope ID: F553C353-B40D-45FA-BACB-E904C9091DD7

A. DIRECTORS

H20000133634 3

☐ Chairman Name: MICHAEL CAMMARATA

☐ Vice Chairman Address: 545, PROM. DU CENTROPOLIS

☒ Director SUITE 100

☒ President LAVAL, QC, H7T 0A3

☐ Vice President CANADA

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: TONI RINOW

☐ Vice Chairman Address: 545, PROM. DU CENTROPOLIS

☒ Director SUITE 100

☐ President LAVAL, QC, H7T 0A3

☐ Vice President CANADA

☐ Secretary ☒ Treasurer

☐ Other ☐ Other

☐ Chairman Name: JEAN-DANIEL BÉLANGER

☐ Vice Chairman Address: 545, PROM. DU CENTROPOLIS

☒ Director SUITE 100

☐ President LAVAL, QC, H7T 0A3

☐ Vice President CANADA

☒ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: DAVID MAYERS

☐ Vice Chairman Address: 545, PROM. DU CENTROPOLIS

☒ Director SUITE 100

☐ President LAVAL, QC, H7T 0A3

☐ Vice President CANADA

☐ Secretary ☐ Treasurer

☒ Other COO ☐ Other

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Toni Rinow
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. TONI RINOW, DIRECTOR AND TREASURER

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

H20000133634 3

H20000133634 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEPTUNE NATURALS, INC." 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 FIFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEPTUNE NATURALS, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF APRIL, A.D. 2020.

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



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

7937522 8300

SR# 20203482115

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

Authentication: 202881998

Date: 05-05-20

H20000133634 3