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ALPAHASSEE, FOL

S. ROBERTS JUL 14 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 802872 4802897
COST LIMIT : \$ 07.50
COST LIMIT : \$ 07.50
ORDER DATE : July 13, 2022
ORDER TIME : 9:19 AM
ORDER NO. : 802872-005
CUSTOMER NO: 4802897
FOREIGN FILINGS
NAME: SHED DIETITIAN P.C.
XXXX QUALIFICATION (TYPE: <u>PC</u>)
<u>AAAA</u> QOADII ICATION (IIII. <u>IC</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
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CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland EXT#

EXAMINER:

COVER LETTER

10.	Division of Corp				,
SUBJ	ECT:	5	Shed Dietiti	an P.C.	
~~ ~		Name of co	orporation	- must include suff	fix
Dear S	ir or Madam:				
"Certif	ficate of Existence		Good Stan	ding" and check an	ransact Business in Florida," e submitted to register the
Please	return all correspo	ondence concerning t	his matter	to the following:	
		Mic	chael String	fellow	
			Name of l	Person	
		Gari	funkel Wild	, P.C.	
			Firm/Com	pany	
		111 Grea	it Neck Roa	d. 6th Floor	
			Addro	SS	
		Great No	eck, NY 110	021-5406	
		Ci	ity/State ar	nd Zip code	
		mstringfo	cllow@garf	unkelwild.com	
		E-mail address: (to	be used f	or future annual rep	port notification)
For fur	ther information o	oncerning this matte	r, please c	all:	
	Michael Stringfello	ow at (516	393-2578	3
	Name of Person		Area Code	Daytime T	Celephone Number
	Registration Sec Division of Corp The Centre of Ta	orations dlahassee Street, Suite 810		Registrat Division P.O. Box	ion Section of Corporations 6327 see, FL 32314
Please r		ne following amount: to: FLORIDA DEPA S78.75 Filing Fo Certificate of St	RTMENT	OF STATE \$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.

rporation: must include "IN			
гр," "Inc," "Co," от "Corp.'		COMPANY," "CORPORATION,"	
ole in Florida, enter alterna	te corporate name ado	pted for the purpose of transacting busi	ness in Florida)
New Jersey	3	88-2980451	
under the law of which it i	s incorporated)	(FEI number, if applicab	le)
ne 22 2022			
of incorporation)		(Date of duration, if other than p	erpetual)
	N/A		
			שני בייני
270 Sylvan Avenue, S	uite 2255, Englewood	Cliffs, NJ 07632	
140	(Principal office s	street address)	
			P .
	(Current mailing ac	ddress, if different)	
_	_	sox NOT acceptable)	PH 1: 10
1201 Hays Street		_	
Tallahassee		Florida 32301	
(City	<u> </u>	(Zip code)	
application, I hereby accomply with the provisions with and accept the obligon progration Service Con	ept the appointmen s of all statutes relat gations of my position npany	t as registered agent and agree to d tive to the proper and complete per	ict in this capacity. I
	number the law of which it is a 22, 2022 of incorporation) (Date first tra (SEE SECTIONS of 270 Sylvan Avenue, Second 1201 Hays Street) Tallahassee (City as registered agent an application, I hereby accomply with the provisions with and accept the obligation of the second 1201 transfer of the second 1201	nunder the law of which it is incorporated) to 22, 2022 for incorporation) N/A (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, 270 Sylvan Avenuc, Suite 2255, Englewood (Principal office some company) 1201 Hays Street Tallahassee (City) nt's acceptance: d as registered agent and to accept service of application, I hereby accept the appointment amply with the provisions of all statutes relations.	(Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable) (Corporation Service Company 1201 Hays Street Tallahassee (City) (City) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (Date of duration, if other than pond of the proper and complete per pointment as registered agent.

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

Chairman Name:	A. DIRECTORS	•			
Director Englewood Cliffs, NJ 07632 Director	Chairman	Name:	□Chairman	Name:	
Director Dother	□Vice Chairman	Address: 270 Sylvan Avenue, Suite 2255	□Vice Chairman	Address:	
Clairman Name: Chairman Address: Clairman Name: Chairman Address: Clairman Clairma	Director	Englewood Cliffs, NJ 07632	□Director		
Gother	■ President		□President		
Other	□Vice President		□ Vice President		
Chairman Name:	Secretary	☐Treasurer	☐ Secretary		□Treasurer
	□Other	Other	Other		□Other
Director President Presi	□Chairman	Name:	Chairman	Name:	
□ President □ Vice President □ Vice President □ Other	□Vice Chairman	Address:	□Vice Chairman	Address:	
Chairman Name: Chairman Naddress: Chairman Naddress: Chairman Naddress: Chairman Naddress: Chairman Naddress: Chairman Name: C	□Director		□Director		
Chairman Name:	□President		President		
Other	□Vice President		□ Vice President		
Chairman Name: Chai	☐Secretary	□Treasurer	☐ Secretary		□Treasurer
□ Vice Chairman Address: □ □ Director □ □ Vice President □ □ Vice President □ □ Vice President □ □ Other □	Other	Other	□Other		Other
Director Director Director	□Chairman	Name:	□ Chairman	Name:	
President Vice President Vice President	□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Other □	□Director		Director		
Secretary Treasurer Secretary Treasurer Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form. 12.	□ President		□President		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form. 12	□Vice President		□Vice President		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form. 12	□Secretary	Treasurer	Secretary		□Treasurer
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true anshe is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provides s.817.155, F.S.	Other	Other	□Other		□ Other
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true an she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provides s.817.155, F.S.	Important Notice: Individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs	ttachment will be image ment of State Annual Re	d for reporting	purposes only. Non-indexed
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as providers.817.155, F.S.	12	Signature of Director	PCUACL_		
	she is aware that fa				
Nehal Asit Patel, RDN, President (Typed or printed name and capacity of person signing application)	13				

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

SHORT FORM STANDING

SHED DIETITIAN P.C. 0450828882

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named DomesticProfessionalCorporation was registered by this office on Wednesday, June 22, 2022.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

MAX LOWY
270 SYLVAN AVENUE
SUITE 2255
ENGLEWOOD CLIFFS, NEW JERSEY 07632-2523

IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal 22nd day of June, 2022

Elizabeth Maher Muoto State Treasurer

STATE STATE OF THE STATE OF THE

Certificate Number : 4176683030 Verify this certificate online at https://www.l.state.nj.us/TYTR_StandingCert/JSP/Ve rlfy_Cart.fsp