F23000005483

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	WAIT MAIL
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
ified Copies	Certificates of Status
onial Ingle Stines to	Ciling Officer:
ecial Instructions to	Fling Officer:
	Office Use Ook



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SEP 25 2023 K. Brumbley



CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

09/25/2023

4.

Ref#

Date:

		Acc#I20160000072	and the second
Name:	Vidal Enterp	rises, Inc.	
Document #:			
Order #:	15140661		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		Country of Destination:	
Apostille/Notarial Certification:		Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$	70.00	

Thank you!

COVER LETTER

TO:	_	tration Section on of Corporations					
SUBJI	ECT:	Vidal Enterprises, Inc.					
ССВО	2011	Name of	corporation -	must includ	le suffix		
Dear S	ir or M	adam:					
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tra	f Good Stand	ing" and che	to Transaceck are sub	et Business in Florida," mitted to register the	
Please	return a	all correspondence concernin	g this matter t	to the follow	ing:		
Sonia 1	Lowe. Pa	nralegal					
			Name of P	crson			-
Baker d	& Hoste	tler LLP					_
		. , , ,	Firm/Comp	any			-
200 Civ	vic Cent	er Drive, Suite 1200					
			Addres	is			•
Columb	bus. Ohi	o 43215					
			City/State an	d Zip code			-
vince@	nutritio	ndynamic.com					_
		E-mail address:	(to be used fo	or future ann	ual report n	notification)	
For fur	ther in	ormation concerning this ma	tter, please ca	11:			
Sonia Lowe at (614) 598-3033							
	Name	of Person	Area Code	Day	time Telepl	hone 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				
Please 1	ed is a make ch .00 Fili	check for the following amounce payable to: FLORIDA DEI ng Fee S78.75 Filing Certificate of	PARTMENT Fee &	OF STATE \$78.75 Filir Certified C	-	☐ \$87.50 Filing Fee, Certificate of Status Certified Copy	ď

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.

L. Vidal Enterprise	es, Inc.				
	orporation; must include "INCORPORAT orp," "Inc." "Co," or "Corp.")	ED,"	"COMPAN"	Y," "CORPORATIO	",иС
(If name unavaila	ible in Florida, enter alternate corporate na	ime ad	lopted for th	e purpose of transact	ing business in Florida)
Delaware		3. 3	2-0745492		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
August 16, 2023		5.			
(Date	(Date of incorporation)		(Dat	e of duration, if othe	r than perpetual)
ı					
- · <u></u> -	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss in I	Florida, if pr	ior to registration)	ility)
	E, Treasure Island, Florida 33706	77.150	2, 1 .5., 10 40	termine penanty maon	
		office	street addr	ess)	
	` '			•	~3
	(Current m	ailing	address, if d	ifferent)	23
					SEP 1
. Name and stree	t address of Florida registered agent:	(P.O.	Box NOT	acceptable)	25 层
Name:	C T Corporation System		_		2 8
Office Address:	1200 South Pine Island Road				20 21 21
	Plantation		 FL	33324	<u></u> 2
	(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.

By: Laura R. Broderick, Assistant Secretary

(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]:

A. DIRECTORS					
□Chairman	Name:	Chairman	Mike Mercer		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
Director	Treasure Island, FL 33706	■ Director	Treasure Island, FL 33706		
□President		□President			
□Vice President		□Vice President			
□ Secretary	□ Treasurer	□ Secretary	□ Tieasuier		
■Other <u>CEO</u>	□Other	€ Other	□ Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director			
□President		□ President			
□Vice President		□ Vice President			
□ Secretary	☐ Treasurer	□ Secretary	☐ Treasurer		
□Other		Other	□ Other		
□Chairman	Name:	□ Chairman	Name:		
□ Vice Chairman	Address:	□ Vice Chairman	Address:		
☐ Director		□ Director			
□President		□ President			
□Vice President		□ Vice President			
□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-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.					
12. /s/ Neil Vincent Pitstick					
	Signature of Director o	r Officei			
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.					
Neil Vincent Pitstick CEO & Director					
(Typed or printed name and capacity of person signing application)					



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIDAL ENTERPRISES, 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204230205

Date: 09-25-23

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