

8/20/2020

L20000244129

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.

(((H20000288335 3)))



H200002883353ABC+

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)617-6381

From:

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

20 AUG 20 PM 6:57

FILED

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PRIMORDIA WELLNESS LLC**

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2020 AUG 20 PM 3:08

RECEIVED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)**D. O'KEEFE****AUG 21 2020**

H20000288335 3

Primordia Wellnes Inc.

August 19, 2020

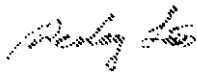
Ref: Order# 381323-5

To Whom It May Concern,

This letter is to confirm that we have no objection to have Primordia Wellness LLC to be registered in the state of Florida as a domestic company. Primordia Wellness Inc. is a Delaware company and registered in the state of Florida as a foreign company. There's no name conflict concern between Primordia Wellness LLC and Primordia Wellness Inc.

Your assistance with this matter is much appreciated.

Sincerely,



Wesley Liu / Authorized Signer
Primordia Wellness Inc.
973-9948047

FILED
20 AUG 20 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H20000288335 3

H20000288335 3**COVER LETTER**

TO: New Filing Section
Division of Corporations

SUBJECT: Primordia Wellness LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wesley Liu

Name of Person

Florida Supplement, L.L.C.

Firm/Company

9 Peach Tree Hill Road

Address

Livingston, NJ 07039

City/State and Zip Code

wliu@intoplast.com

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

For further information concerning this matter, please call:

Wesley Liu

973

7408221

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

H20000288335 3

H20000288335 3**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Primordia Wellness LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:10301 Commerce Parkway
Miramar, Florida 33025**Mailing Address:**9 Peach Tree Hill Road
Livingston, NJ 07039**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)Tallahassee

City

FL

State

32301

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

By Kadesha Roberson

KADESHA ROBERSON, ASST. VICE PRESIDENT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
20 AUG 20 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H20000288335 3

H20000288335 3**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Name and Address:

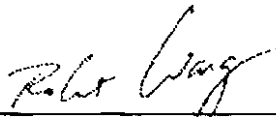
MGR

Florida Supplement, L.L.C.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member**This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.

Robert Wang

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
20 AUG 30 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**H20000288335 3**