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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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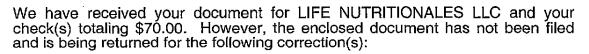
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 1, 2005

NELSON KRAUCAK LIFE NUTRITIONALES INC. 1501 US HWY 441 NORTH, SUITE 1704 THE VILLAGES, FL 32159

SUBJECT: LIFE NUTRITIONALES LLC

Ref. Number: W05000032122



There is a balance due of \$55.00.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 005A00044386

Joey Bryan Document Specialist FILED PH 1: 18
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TRANSMITTAL LETTER

| TO: | Registration Section Division of Corporations | | | | |
|-------------------------|---|--|--|--|--|
| SUBJ | ECT: | LIFE NUTRITIONALES LLC | | | |
| | | Name of Limited Liability Company) | | | |
| Florid liabili | a," Certificate of Existence, and ty company to transact business | Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign imited in Florida erning this matter to the following: NELSON KRAUCAK (Name of Person) | | | |
| NELSON KRAUCAK | | | | | |
| | | (Name of Person) | | | |
| LIFE NUTRITIONALES, INC | | | | | |
| (Firm/Company) | | | | | |
| | | | | | |
| | | 1501 US HWY 441 NORTH, SUITE 1704 | | | |
| | · · · · · · · · · · · · · · · · · · · | (Address) | | | |
| | | | | | |
| | | THE VILLAGES, FL 32159 | | | |
| | | (City/State and Zip Code) | | | |
| | | · · · | | | |
| For fu | rther information concerning th | s matter, please call: | | | |
| | DANILO ARSENIJEVIT | H at (352) 750-4333 | | | |
| | (Name of Perso | n) (Area Code & Daytime Telephone Number) | | | |
| | STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclos | sed is a check for the following | amount: | | | |
| | _ | Filing Fee & \$\supersquare\$ \$\supersquare\$ \$155.00 Filing Fee & \$\supersquare\$ \$160.00 Filing Fee, Certificate Certificate of Status & Certified Copy of Status & Certified Copy | | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | LIFE NUTRITIONALES LLC (Name of Foreign Limited Liability Company) DELAWARE urisdiction under the law of which foreign limited liability O5/20/2005 PERPETUAL | | | | | |
|---------------------|--|---|--|---------------------------------|--|--|
| | | | | | | |
| | · | | | 50 50 | | |
| · | DELAWARE | | 81-0673850 | 30 | | |
| (Juris | diction under the law of which foreign lim any is organized) | ited liability | 81-0673850 (FEI number, if applicab | SEE SEE | | |
| | 05/20/2005 | 5. | PERPETUAL | | | |
| | (Date of Organization) | (Dura exist | ation: Year limited liability comp or "perpetual") | any will code to | | |
| | | N/A | | アグ | | |
| | (Date first transacted (See sections 608,501 & | business in Florida, if pr & 608.502 F.S. to detern | ior to registration.) nine penalty liability) | <u> </u> | | |
| | 1501 US HWY | 441 NORTH, SUITE | 706, THE VILLAGES, FLORI | DA | | |
| | | | | | | |
| | | treet Address of Princip | al Office) | | | |
| | (- | Acor I I donoto on I I III of | | | | |
| If li | mited liability company is a manag | er-managed compar | y, check here 🗸 | | | |
| | | | - | | | |
| The | name and usual business addresses | of the managing m | embers or managers are as : | follows: | | |
| A 15- | TOOM ISDATIONS AFOA HO LIBRY 444 | NODEL CUITE 470 | P TUENNILAGER ELODIDA | 20450 | | |
| -INE | LSON KRAUCAK, 1501 US HWY 441 | NORTH, SUITE 1700 | o, The VILLAGES, FLURIDA | 32138 | | |
| MA | ARIVIC VILLA, 1501 US HWY 441 NO | RTH, SUITE 1706, TH | IE VILLAGES, FLORIDA 321 | 59 | | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| | | | | | | |
| | ched is an original certificate of existence, no | | | | | |
| jurisc | liction under the law of which it is organized | l. (A photocopy is not ac | | | | |
| jurisc | | l. (A photocopy is not ac | | | | |
| jurisc nslatic | tiction under the law of which it is organized on of the certificate under oath of the translate | l. (A photocopy is not ac or must be submitted.) | ceptable. If the certificate is in a fo | reign language, a | | |
| e jurisc nslatic | liction under the law of which it is organized | l. (A photocopy is not ac or must be submitted.) | ceptable. If the certificate is in a fo | reign language, a | | |
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| jurisc Islatic | signature of a mem (In accordance with section (In accordance with section an affirmation under the p | d. (A photocopy is not accommust be submitted.) | representative of a member continued herein are true.) | reign language, a L BUSINESS | | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|-------------|
| LIFE NUTRITIONALES LLC | |
| 2. The name and the Florida street address of the registered agent and office are: | RES JUL. |
| DAN ARSENIJEVITH | ASS ASS |
| (Name) | 一門是是七 |
| 1501 US HWY 441 NORTH, SUITE 1706 | FLORE |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | - 10 AS |
| THE VILLAGES, FL 32159 | |
| City/State/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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFE NUTRITIONALES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFE NUTRITIONALES LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

2005 JUL 20 PM 1: 19

DIVINION DE CORPORATIONS
DIVINION DE CORPORATIONS
DIVINION DE CORPORATIONS



Darriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3953196

DATE: 06-15-05

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