

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.

(((H120000121083)))



H120000121083ABCF

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 : TRIAD

Account Number : 120020000094

: TRIAD PROFESSIONAL SERVICES, LL

Account Number Phone

: (770)777-2091

Fax Number

: (770)220-1943

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 ArrowBar LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C. LEWIS

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help



No. of Lots



January 18, 2012

FLORIDA DEPARTMENT OF STATE

TRIAD PROFESSIONAL SERVICES, LLC Division of Corporations

SUBJECT: ARROWBAR LLC REF: W12000002988

Resubmitting

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (85000 245-6047.

Carcolyn Lewis FAX Aud. #: H12000012108
Regulatory Specialist II Letter Number: 212A00001127

Registration/Qualification Section

12 JAN 18 SECRETAR FALLAHASI

COVER LETTER

Division of Corporations
SUBJECT: ArrowBar LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Robert Goldberg
Name of Person
ArrowBar LLC
Firm/Company
P.O. Box 10255
Address
Fleming Island, FL 32006
City/State and Zip Code
rgoldberg61@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Goldberg 9683939
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Bullding Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Bullding Tallahassee, FL 32314
Enclosed is a check for the following amount: \$\int\\$\$125.00 Filing Fee \times

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

A THE STATE OF FLORIDA:	
1. ArrowBar LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writenact of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"	tten
Company," "L.L.C." "LLC.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-2948580 (FEI number, if applicable)	
4. <u>08/08/2011</u> 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. N/A	
(Date first transacted business in Florida, if prior to registration.)	
- 3330 Overlook Orivo NE	
Saint Petersburg Ft, 33703 (Street Address of Principal Office)	•
Green and the second se	
8. If limited liability company is a manager-managed company, check here	ò E
9. The name and usual business addresses of the managing members or managers are as follows:	**
Mark Arrowsmith, Robert Goldberg, Andrew Golub	
P.O. Box 10255	
Fleming Island, FL 32006	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Nutrition Bar Company	in
Ruhur goldle	
Signature of a member of an authorized representative of a member.	
(in accordance with section 108.06(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, 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 Goldberg	
Typed or printed name of signee	

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.

. The name of the Limited Liability Company is: ArrowBar LLC	
f unavailable, the alternate to be used in the state of Florida is:	
. The name and the Florida street address of the registered agent and office are:	
Andrew Golub	,
Andrew Golub (Name): 3330 Overlook Drive NE Florida Street Address (P.O. Box NOT ACCEPTABLE)	! ع.س.
3330 Overlook Drive NE	Ē.,
Florida Street Address (P.Q. Box NOT ACCEPTABLE)	∞ [
Saint Petersburg Ft 33703	至。
	89
Faving been named as registered agent and to accept service of process for the above stated limited in this control in this certificate, I have by 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 fam familiar with and accept the abiligations of my position agree istered agent as provided for in Chupter 608, Florida Statutes. (Signature)	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARROWBAR 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 EIGHTEENTH DAY OF JANUARY, A.D. 2012.

AND I DO BEREBY FURTHER CERTIFY THAT THE SAID "ARROWBAR LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2011.

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

5021766

120057968

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

DATE: 01-18-12