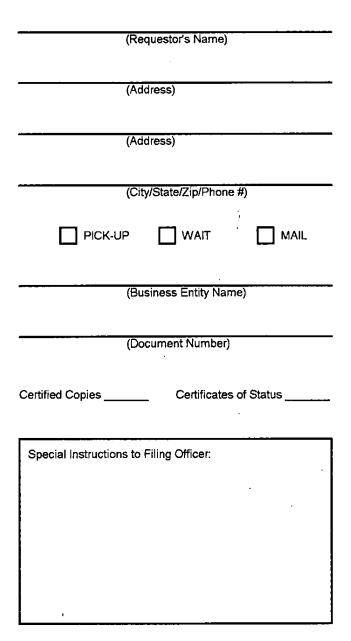
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Office Use Only



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TALLAHASSEE, FLORING

B. BOSTICK

FEB 1 3 2013 EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

IBJECT. Quality Supplement Distribution 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 m	atter to the	following:					
Jeanne Frankli	n						
	. Na	me of Person				•	
The Brewer La	w Gro	oup PLL(2				
	Fii	m/Company		· ·		-	
8117 Preston F	Road	Suite 30	0			_	
	; t	Address				-	
Dallas, TX 752	25				TAL	_ 	
, 	City/St	ate and Zip Code				3 FE	-
jfranklin@thebr	ewer	lawgroup	.com	٦ (35 S	EB	T
		for future annual r			111' 111' 111' 50' 7"	-2-	<u>iu</u>
For further information concerning this matter, ple	ase call:				. T.C.	PH 5	J
Jeanne Franklin		_{at (} 214	490	-8281	ORIDA	5: 0.1	
Name of Person	Area	a Code & Daytime	Telephone	Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registr Clifton 2661 E	et Address: n of Corporations ation Section Building xecutive Center Cissee, FL 32301	rcle				
Enclosed is a check for the following amo	ing Fee &	□ \$155.00 Filin	_	□ \$160.00 Fi	_		

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE 1 Quality Supplement Distribution LLC	STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written name. The alternate name must include "Limited Liability
_{2.} Delaware 3.	46-1662835
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. December 3, 2012 5.	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} January 1, 2013	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.)	ida, if prior to registration.) to determine penalty liability)
7. 4400 118th Avenue North Suite 303	
Clearwater, FL 33762	13 TALL
(Street Address o	of Principal Office)
8. If limited liability company is a manager-managed of	- · · · · · · · · · · · · · · · · · · ·
9. The name and usual business addresses of the mana	ging members or managers are as follows:
David Rosenberg	5: 01 NATE ORIDA
4400 118th Avenue North Suite 303	
Clearwater, FL 33762	
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopt translation of the certificate under eath of the translator must be subtracted.)	
11. Nature of business or purposes to be conducted or	promoted in Florida:
Management Company	
David Rosenl	erg
Signature of a member or an aut	chorized representative of a member.

(In accordance with section 608.408(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.)

David Rosenberg

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.

	of the Limited Liability Company is: Supplement Distribution LLC		
If unavailabl	e, the alternate to be used in the state of Florida is:		
2. The name	e and the Florida street address of the registered agent and office are:		
CT Corporation System		13 FI	tractarie.
	(Name)	FEB 1	11
	1200 South Pine Island Road	12 PH	71
* ::	Florida Street Address (P.O. Box NOT ACCEPTABLE)		O
	Plantation _{FL} 33324	5: 01	
	City/State/Zip		٠

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.

(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

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "QUALITY SUPPLEMENT DISTRIBUTION,

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 NINTH DAY OF JANUARY,

A.D. 2013

13 FEB 12 PH 5: 01

5251538 8300

130025566

AUTHENTY CATION: 0130401

DATE: 01-09-13

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



January 24, 2013

JEANNE FRANKLIN 8117 PRESTON ROAD SUITE 300 DALLAS, TX 75225

SUBJECT: QUALITY SUPPLEMENT DISTRIBUTION LLC

Ref. Number: W13000004791

We have received your document for QUALITY SUPPLEMENT DISTRIBUTION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 113A00001845

Barbara Bostick Regulatory Specialist II

www.sunbiz.org