M.13000007077

(Requestor's Name)							
(Addross)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
ROV - 8 ZOI3							
A. LUNT							
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:							

Office Use Only



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ALLANASSES FLORIS



ION SERVICE COMPANY.									
ACCOUNT NO. : 12000000195									
REFERENCE : 877209 86218A									
REFERENCE: 877209 86218A AUTHORIZATION:									
COST LIMIT : \$ 125.00									
ORDER DATE: November 7, 2013									
ORDER TIME: 3:16 PM									
ORDER NO. : 877209-015									
CUSTOMER NO: 86218A									
FOREIGN FILINGS NAME: TOTAL NUTRITION HOLDINGS LLC									
XXXX QUALIFICATION (TYPE: <u>LL</u>)									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING									
CONTACT PERSON: Susie Knight EXT# 52956									
EXAMINER:									

CR2E027 (9/10		COVER LETTER	2013 NBV - 7		
	istration Section		and make		
Div	ision of Corporations				
SUBJECT:	Total Nutrition Holdings LLC	•	100 F		
•	1	Name of Limited Liability Company			
		iability Company for Authorization to Transact Business in Florida, above referenced foreign limited liability company to transact business.			
Please return	all correspondence concerning this	matter to the following:			
	David McLoughlin				
		Name of Person			
		F . /0			
		Firm/Company			
	102 Buffalo Avenue				
		Address			
Freeport, NY 11520					
		City/State and Zip Code			
	dfm03@aol.com				
	E-mail address	: (to be used for future annual report notification)	•		
For further in	formation concerning this matter, ple	ease call:			
Dav 	vid McLoughlin	917 662-2283	_		
	Name of Person	Area Code & Daytime Telephone Number			
Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &

Certificate of Status

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:

1. Total Nutrition Holdings LLC				
(Name of Foreign Limited Liability Company; must inc	lud	e "Limited Liability Company," "L.L.C.," or "L	.LC.")	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")	oose terr	e of transacting business in Florida and attach a nate name. The alternate name must include "Lin	copy of the	he written bility
2. Delaware	3.	45-2383918		
(Jurisdiction under the law of which foreign limited liability company is organized)	٠.	(FEI number, if applicable)	, , , , , , , , , , , , , , , , , , ,	2013
4. April 18, 2011	5.	Perpetual		<u>.</u>
(Date of Organization)	٠.	(Duration: Year limited liability company wexist or "perpetual")	ill cease i	10 1
6				<u> </u>
(Date first transacted business in F (See sections 608.501 & 608.502 F.	Flor .S.	ida, if prior to registration.) to determine penalty liability)	25	
7. 102 Buffalo Avenue			77.	GD T_
Freeport, NY 11520			<u>-</u>	
(Street Address	SS O	f Principal Office)		
8. If limited liability company is a manager-manage	ed c	company, check here		
9. The name and usual business addresses of the ma	ma	ging members or managers are as follow	vs:	
David McLoughlin, 102 Buffalo Avenue, Freeport, N	Y 1	1520		
B.J. Harid, 102 Buffalo Avenue, Freeport, NY 11520				·
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoc translation of the certificate under oath of the translator must be s	юp,	vis not acceptable. If the certificate is in a foreign		
11. Nature of business or purposes to be conducted	or	promoted in Florida: Purchase and sell	nutritiona	al, ——
vitamin and health supplements				•
Signature of a member or an a (In accordance with section 608.408(3), F.S., the expensities of perjury that the facts stated herein are to	nitl con true	AHOREA Concrited representative of a member. Ition of this document constitutes an affirmation under the analysis of the submitted of third degree felony as provided for in s.817.15	d in a	-
Typed or printe	ed :	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.

1. The name of	of the Limited Liability Company is:					
Total Nutrition I	Holdings LLC					
If unavailable,	the alternate to be used in the state of Florida is:					
	·	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
2. The name and the Florida street address of the registered agent and office are:		2013 NeV -				
	Corporation Service Company					
	(Name)					
	1201 Hays Street	MIQ 40				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee FL 32301	•				
	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.

Corporation Service Company

By:

Assistant Vice President

(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 "TOTAL NUTRITION HOLDINGS 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 SEVENTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOTAL NUTRITION HOLDINGS LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4970700 8300

131284675

Jeffrey W Bullock, Secretary of Sta AUTHENTY CATION: 0878139

DATE: 11-07-13

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