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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	MAIL MAIL
	(Business Entity Name)
	(Document Number)
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Special Instructions	s to Filing Officer:

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JUN - 6 2014

EXAMINER

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INC.

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~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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• _	PROSUPPS USA, LLC (CORPORATE NAME AND DOCU	MENT #)		
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PECIAL	INSTRUCTIONS:			
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COVER LETTER

TO:

Registration Section Division of Corporations

ProSupps USA, 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:

Cheri White	
Name of Person	
ProSupps USA, LLC	
Firm/Company	
601 Century Pkwy, Suite 300	a.·
Address	است. رست کرست
Allen, TX 75013-8037	
City/State and Zin Code	:

cheri@prosupps.com

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

For further information concerning this matter, please call:

Cheri White, CFO

310-1188

Name of Contact Person

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

MAILING ADDRESS: Division of Corporations

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

□ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT	BUSINESS IN THE STATE OF FLORIDA:			
1. ProSupps USA LLC				
	ude "Limited Liability Company," "L.L.C.," or "LLC.")			
ProSupps USA Limited Liability Comp	· · · · · · · · · · · · · · · · · · ·			
Liability Company," "L.L.C," or "LLC.")	ransacting business in Florida. The alternate name must include "Limited			
₂ Texas	3. 45-3835367 (FEI number, if applicable)			
(Jurisdiction under the law of which foreign limited liability company is organized)				
4. (Date first transacted business in	Florida if prior to registration			
(See sections 605.0904 & 605.0905	Fig. F.S. to determine penalty liability)			
_{5.} 601 Century Pkwy, Suite 300	25			
Allen, TX 75013-8037	1 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2			
·	s of Principal Office)			
6. 601 Century Pkwy, Suite 300	m m			
Allen, TX 75013-8037				
(Mail:	ng Address)			
7. The name title or connective and address of the name	son(a) who had/have outhority to manage id/are:			
7. The name, title or capacity and address of the per				
Cheri White, CFO of ProSupps U	SA LLC			
Dean Smurthwaite, Attorney for F	roSupps USA LLC			
having custody of records in the jurisdiction under the	more than 90 days old, duly authenticated by the official e law of which it is organized. (A photocopy is not a translation of the certificate under oath of the translator			
T				
	in authorized person stitutes an affirmation under the penalties of perjury that the facts stated herein are true to State constitutes a third degree felony as provided for in s.817.155, F.S.)			
Dean Smurthwaite				
Typed or printe	d name of signee			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

ProSupps USA LLC

If unavailable, the alternate to be used in the state of Florida is:

ProSupps USA Limited Liability Company

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

PARACORP INCORPORTAED			<u> </u>	
white a second	(Name)			٠.
236 EAST 6TH AVENUE		1.3 <u>3-</u>		, , . }
Florida Street Address (P.O. Box NOT ACCEPTABLE)			7	
TALLAHASSEE	FL 32303			
	City/State/Zip	* * * * * * * * * * * * * * * * * * * *	Ö	

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, Florida Statutes.

Sharon Cooke, Assistant Secretary
(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



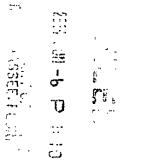
Nandita Berry Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ProSupps USA LLC (file number 801510392), a Domestic Limited Liability Company (LLC), was filed in this office on November 21, 2011.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 05, 2014.



NANDITA BERRY

Nandita Berry Secretary of State