M14000005716

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	'AUG 1 1 2014
	A. LUNT
	W14-39417

Office Use Only



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06/19/14--01015--022 **130.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2014

RYAN DORIS 8024 118TH AVE. NORTH LARGO, FL 33773

SUBJECT: DE NOVO NUTRITION LLC.

Ref. Number: W14000039417

We have received your document for DE NOVO NUTRITION LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this ilmited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Agnes Lunt Regulatory Specialist II

Letter Number: 814A00013717

COVER LETTER

TO:	-	,	n Section Corporation	18	
SUR IF	СТ•	De	Novo	Nutrition	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 co	ncerning this matter to the fo	ollowing:			
Ryan Do	oris				
	Nan	ne of Person		> (20
De Novo	Nutrition LL	.C.			
	Firm	n/Company		7*57 3734	
8024 11	8th Avenue I	Vorth		m _e	
		Address		10 U	\$
Largo, F	lorida 33773				6
	•	e and Zip Code			
ryand30	4@gmail.con	n		•	
	E-mail address: (to be used t	or future annual repo	rt notification)		•
For further information concerning	this matter, please call:				
Ryan Doris		630)	809-6030		
Name of	Contact Person	Area Code	Daytime Telephon	e Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	Division :	ADDRESS: of Corporations on Section		and about	
Tallahassee, FL 32314	2661 Exe	cutive Center Circl ee, FL 32301	e	N 73	
Enclosed is a check for the fo ☐ \$125.00 Filing Fee	llowing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy		Filing Fee, C & Certified	

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:

1. De Novo Nutrition LLC.				_
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C Denovo Nutrition LLC.	" or "L	LC.")		_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name adopted for the purpose of transacting business in Florida.	ate name	must inc	lude "Liı	_ mited
Liability Company," "L.L.C," or "LLC.")	,	, index ino		inioa
$_{2}$ Wyoming $_{3}$ 46-3425450				
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	pplicable	;)		_
_{4.} N/A (No transactions)				
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)				_
5. 1224 Wintrhop St.		21/2	2014	_
Archbald, PA 18403	, i	12.12 12.12 12.12 13.12 14.12		and where
(Street Address of Principal Office)	75:	끍		***************************************
Same as above		Print.	्या हिंद	_ 177
		€ (7 83)	5	er week
(Mailing Address)		. * * * * *	6	_
7. The name, title or capacity and address of the person(s) who has/have authority t	o man	age is/a	re:	
Ryan Doris (MGR) (HIEF Executive Office	<u> </u>			_
Paul Borst (MGR) CHIEF Financial Officer				_
Ben Esgro (MGR) Chief Operation officer				<u>.</u>
			41	C: _: _1
8. Attached is an original certificate of existence, no more than 90 days old, duly aut having custody of records in the jurisdiction under the law of which it is organized.				iciai
acceptable. If the certificate is in a foreign language, a translation of the certificate u must be submitted)				slator
Hall Dorin	er 444			
Signature of an authorized person				
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of p	erjury tha	t the facts s	tated here	ein are true

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.)

Typed or printed name of signee

Ryan Doris

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: De Novo Nutrition LLC		
If unavailable, the alternate to be used in the state of Florida is: Denovo Nutrition LLC		
2. The name and the Florida street address of the registered agent and office are:	2 m	2014 #116
Ryan Doris	100%	
(Name)	in di	72
8024 118th Avenue North	17 C	\$
Florida Street Address (P.O. Box NOT ACCEPTABLE)		6
Largo, FL 33773 FL 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 605, 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)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

De Novo Nutrition LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on August 1, 2013, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2013-000647792.

This entity is in existence and in good standing in this office and has filed; all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of June, 2014 at 3:15 PM. This certificate is assigned 015800115.



Maj Maffield Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.