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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC  
Account Number : 110432003053  
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Foreign Limited Liability Company  
DOCTORS ALLERGY FORMULA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	5
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TALLAHASSEE, FLORIDA

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02/03/2015 10:49 5612968430

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DOCTORS ALLERGY FORMULA, LLC  
PO Box 330297  
Atlantic Beach, Florida 32233

January 23, 2015

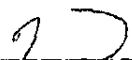
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P.O. Box 6327  
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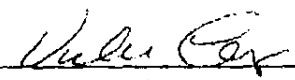
RE: Voluntary Dissolution of Doctors Allergy Formula, LLC, a Florida Limited Liability Company (the "Company") Document Number L13000038457

To whom it may concern:

The Company filed its Articles of Dissolution with the Florida Department of State, Division of Corporations on January 20, 2015. Please be advised that the members of the Company have no intention of reviving the Company, and that the dissolution action was taken in order to allow Doctors Allergy Formula, LLC, a Georgia limited liability company, to file an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Sincerely,

  
Howard Loff, Member

  
Vicki Loff, Member

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

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

1. **Doctors Allergy Formula, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Georgia**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

*May 1, 2013*

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **3865 Holcomb Bridge Road**

**Norcross, GA 30092**

(Street Address of Principal Office)

6. **3865 Holcomb Bridge Road**

**Norcross, GA 30092**

(Mailing Address)

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TALLAHASSEE, FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Garrett Van de Grift, Manager, 3865 Holcomb Bridge Road, Norcross, GA 30092**

**Vicki Loff, Manager, 2375 Saint Johns Bluff Rd S, Unit 310, Jacksonville, FL 32246**

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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 oath of the translator must be submitted)

*Vicki Loff*  
\_\_\_\_\_  
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 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.)

**Vicki Loff**

\_\_\_\_\_  
Typed or printed name of signer

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**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:

**Doctors Allergy Formula, LLC**

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

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

**Howard Loff**

(Name)

**2375 Saint Johns Bluff Rd S, Unit 310**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Jacksonville**

**FL 32246**

City/State/Zip

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*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)

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## STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 13407731  
DATE INC/AUTH/FILED : April 29, 2013  
JURISDICTION : Georgia  
PRINT DATE : February 03, 2015

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Doctors Allergy Formula, LLC  
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B: P. Kemp*

Brian P. Kemp  
Secretary of State

Tracking #: gISn9MGH

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