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NAME:

PURE LIVING ACQUISITION LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Pure Living Acquisition LLC Name of Limited Liability Company		
The enc Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate cee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please r	eturn all correspondence concerning this matter to the following:		
	Name of Person		
	Capitol Services - Corporate Filings Team Finu/Company		
	800 Brazos Ste 400 Address		
	Austin TX 78701 City/State and Zip Code		
	tbowers@starlightinvest.com		
For furt	E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:		
	nt (800) 345-4647 Name of Contact Person Area Code Daytime Telephone Number		
	MATLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Ciffon Building Tallahassee, FL 32314 Ciffon Building Tallahassee, FL 32301		
Enclos	ted is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \Bigcup \\$130.00 \text{ Filing Fee} \& \Bigcup \\$155.00 \text{ Filing Fee} \& \Bigcup \\$160.00 \text{ Filing Fee}, \text{ Certificate of Status} \\ \$\text{Certificate of Status} \\ \$\text{Certified Copy} \\ \$\text{of Status & Certified Copy} \\ \$\text{Of Status & Certified Copy} \\ \$\text{Certified Copy} \\ \$\text{Of Status & Certified Copy} \\ \$\text		

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

1. Pure Living Acquisition 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 "Liability Company," "L.L.C," or "LLC.")	Limited	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-3755594 (FEI number, if applicable)	_	
4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		MIK VES
5. 2200 Villa Verano Way		
Kissimmee, FL 34744 (Street Address of Principal Office)	· · ·	22
		2
6. <u>1801 - 3300 Bloor St. West, West Tower</u>	,,,,	വ ന
Toronto, ON M8X 2X2	_ 17-111 8	చ
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
Stephen S. Maris, Director, 547 University Drive, Woodland Park, CO 80863		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the chaving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the submitted)	ot	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated ham 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.	ierein ere true. I .S.)	
Evan Kirsh		
Typed or printed 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:	
Pure Living Acquisition 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:	2015
Capitol Corporate Services, Inc. (Name)	F11_t
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)	9
Tallahassee FL 32301	55 S

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.

Gayle Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURE LIVING ACQUISITION 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 TWENTY-FIRST DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PURE LIVING ACQUISITION LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5651419 8300

150538004

DATE: 04-21-15

AUTHENTICATION: 2307048