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, COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Heathlier Talk, LLC Name of Limited Liability Company	
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificatence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,	
Please	Par Ruth Name of Person Healthier Talk, LLC Firm/Company 702 Cathedal Street Address Baltimore MD 226/ City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call: Dan Ruth	
Enclose	ed is a check for the following amount: \$\begin{align*} \begin{align*} \left\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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

	Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting bus Liability Company," "L.L.C," or "LLC.")	iness in Florida. The alternate name must include "Limited"
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
(Date first transacted business in Florida, if price (See sections 605.0904 & 605.0905, F.S. to determine the second street)	.
Baltimore, MD 2120/ (Street Address of Principal Office)	
Refiner MD 21201	28 P
(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acc	eptable)
Name: <u>Aaron Grau</u> Office Address: <u>1617 S. Federal Hwy</u>	Apt. 412
Deerfield Beach	, Florida 33062 (Zip code)
• • • • • • • • • • • • • • • • • • • •	
Registered agent's acceptance: Iaving been named as registered agent and to accept service of process for esignated in this application, I hereby accept the appointment as registered to complywith the provisions of all statutes relative to the proper and comp	d agent and agree to act in this capacity. I further agree
Registered agent's acceptance: Idving been named as registered agent and to accept service of process for esignated in this application, I hereby accept the appointment as registered of complywith the provisions of all statutes relative to the proper and composed the obligations of my position as registered agent. (Registered agent's signature)	d agent and agree to act in this capacity. I further agree lete performance of my duties, and I am familiar with and
Registered agent's acceptance: Having been named as registered agent and to accept service of process for lesignated in this application, I hereby accept the appointment as registered of complywith the provisions of all statutes relative to the proper and compressed the obligations of my position as registered agent. (Registered spent's signature) (Registered spent's signature) (Registered spent's signature) (Registered spent's signature)	d agent and agree to act in this capacity. I further agree lete performance of my duties, and I am familiar with and
Registered agent's acceptance: Having been named as registered agent and to accept service of process for lesignated in this application, I hereby accept the appointment as registered of complywith the provisions of all statutes relative to the proper and complete the obligations of my position as registered agent. (Registered yent's signature) (Registered yent's signature)	d agent and agree to act in this capacity. I further agree lete performance of my duties, and I am familiar with and
Registered agent's acceptance: Having been named as registered agent and to accept service of process for lesignated in this application, I hereby accept the appointment as registered of complywith the provisions of all statutes relative to the proper and composition as registered agent. (Registered syent's signature) (Registered syent's signature)	d agent and agree to act in this capacity. I further agree lete performance of my duties, and I am familiar with and records in the agent

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HEALTHIER TALK, LLC, REGISTERED AUGUST 18, 2008, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 02, 2015.

Heidi Dudderar

Associate Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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