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Foreign Limited Liability Company Dietitians on Demand Corporate Solutions, LLC

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE Dietitians on Demand Corporate Solutions, 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 purposent of the managers or managing members adopting the alter Company," "L.L.C." "L.C.")	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Lunited Liability					
Virginia 2.	46-1762835					
(Invisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)					
4. Upon Qualification. (Date first transacted business in Flories sections 605.0904 & 605.0905, I	nida, if prior to registration.)					
(See sections 605.0904 & 605.0905, I 2716 Enterprise Parkway, Henrico, Virginia 23294 5.						
(Street Address	of Principal Office)					
6. 2716 Enterprise Parkway, Henrico, Virginia 23294						
(Malin	g Address)					
7. The name, title or capacity and address of the pers. Manager: Ryan Davis, 332 Edon Farm Rd., Bumpass, Virginia	• • •					
Manager: Alicia Davis, 332 Eden Farm Rd., Bumpass, Virginia	1 23024					
in the jurisdiction tunder the law of which it is organized. (A photocumus later of the continuate under oath of the translation must be subtracted in the subtraction of the continuate of an (In accordance with section 605.0203, F.S., the execut penalties of perjury that the facts stated herein are true						
Typed or printed	name of signee					

H160000130583

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	e of the Limited Liab	ility Comp	any is:		
Dietitians on l	Demand Corporate Solut	ions, LLC			*******
If unavailabl	le, the alternate to be	used in the	state of Florida is:		
2. The name	e and the Florida stre	et address o	of the registered agent and office	are:	
	Business Filings In	corporated			
			(Name)		
	1200 South Pine Is	land Road			
	Flori	da Sm ee t Add	ress (P.O. Box NOT ACCEPTABLE)		
	Plantation		33324		,
			City/State/Zip		
liability comp registered ag statutes relati	pany at the place desi ent and agree to act i ing to the proper and	ignated in ti in this capa I complete p	to accept service of process for the his certificate, I hereby accept the ecity. I further agree to comply with performance of my duties, and I and tered agent as provided for in Cha	appointment as th the provisions of a familiar with and	
	Natel	_			
	Mark Williams, A.V.P	(Sigua ., Business F		2011	
		\$ 106.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Age Certified Copy (optional) Certificate of Status (optional)	多是 万	

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Dietitians on Demand Corporate Solutions, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 4, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: January 15, 2016

Joel H. Peck, Clerk of the Commission

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