

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

2016 MAR 17 A 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: notices@vcorpservices.com

Foreign Limited Liability Company
MY PURE LIFE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

MAR 18 2016
J. BRUCE

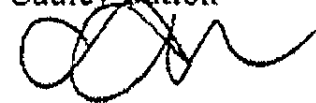
Division of Corporations
Florida Department of State

Dear Madam or Sir,

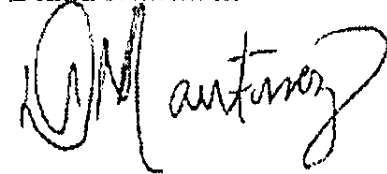
Re: Consent and permission to immediately assume and use the name of
My Pure Life, LLC

The Articles of Dissolution of the Company were filed with the state on 11/5, 2015. We hereby give permission to **My Pure Life, LLC** to immediately assume and use the name **My Pure Life, LLC**, and confirm that the Company will not revoke its dissolution. The Corporation is incorporated to conduct the exact same business for which the Company was formed.

Sincerely,
Cauley Sutton



Diana Martinez



2016 MAR 17 A 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. MY PURE LIFE, 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. Delaware

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

3. 81-1589139

(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)

5. 1714 Costa Del Sol

Boca Raton, FL 33432

(Street Address of Principal Office)

6. 1714 Costa Del Sol

Boca Raton, FL 33432

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Veorp Services, LLC

Office Address:

5011 South State Road 7, Suite 106

Davie

(City)

Florida 33314

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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

Cauley Sutton, Member, 410 NE 69th Circle, Boca Raton, FL 33487

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(Signature of an authorized person)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Cauley Sutton

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 17 A 9:23

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MY PURE LIFE, 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 SIXTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MY PURE LIFE,
LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2015.



5914725 8300

SR# 20161694263

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201995379

Date: 03-16-16