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TALLAHASSEE FLORIDA

J. HARRIS

COVER LETTER

		stration Section sion of Corporations	3					
SUBJEC		Probiotic Sciences Ll	c					
SOBJEC			Name of Limited Liability Company					
The enclo Existence	osed e, and	"Application by Fore d check are submitted	ign Limited Liability Compa to register the above referen	any for Authorizat	tion to Trai ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida	
Please ret	turn :	all correspondence co	ncerning this matter to the f	ollowing:	<u> </u>			
		Howard Weiss						
			Na	me of Person				
•								
			Fir	m/Company				
		4747 Collins Ave, #1207						
				Address				
	Miami Beach, FL 33140						•	
			City/Sta	ate and Zip Code				
		hweiss@gmail.co	m					
			E-mail address: (to be used	for future annual	report noti	fication)		
For furthe	er int	formation concerning	this matter, please call:					
	How	vard Weiss		305 at {	7351848	3		
-		Name of	Contact Person	Area Code	Dayı	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section wilding cutive Center Circle ee, FL 32301				
		check for the followi 125.00 Filing Fee	ng amount: □\\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Co		



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2016

HOWARD WEISS 4747 COLLINS AVE #1207 MIAMI BEACH, FL 33140

SUBJECT: PROBIOTIC SCIENCES, LLC

Ref. Number: W16000043719



We have received your document for PROBIOTIC SCIENCES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00012774

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2016

HOWARD WEISS 4747 COLLINS AVE #1207 MIAMI BEACH, FL 33140

SUBJECT: PROBIOTIC SCIENCES, LLC

Ref. Number: W16000043719

2016 JUN 27 AM 3: 50

We have received your document for PROBIOTIC SCIENCES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00012774

16 JUL 11 PH 1:46
SECRETARY OF STATE
TALL AHASSES



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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Probiotic Sciences LLC			
(Name of For	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," o	or "LLC.")
Liability Company," "L.L.C,	iternate name adopted for the purpose of trans " or "LLC.")	acting business in Florida. The alternate na	ame must include "Limited
2. Delaware	3		
company is organized)	of which foreign limited liability	(FEI number, if applicabl	e)
4. <u>n/a</u>		_	
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	rida, if prior to registration.) S. to determine penalty liability)	- -
5. 4747 Collins Ave, #12			_
Miami Beach, FL 331			
	(Street Address of Principal	Office)	
6. 4747 Collins Ave, #120			
Miami Beach, FL 3314	w		
	(Mailing Address)		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Howard Weiss		
Office Address:	4747 Collins Ave, #1207		
	Miami Beach	, Florida 33140	0 m
	(City)	(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of prition, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent.	registered agent and agree to act in to nd complete performance of my dutie	his capacity. I further agree
	(Registered agen	t's signature)	
8. The name, title or capa	acity and address of the person(s) who has	/have authority to manage is/are:	
	4747 Collins Ave, #1207 Miami Beach F	· -	
9. Attached is a certificate urisdiction under the law of the translator must be so	A	is in a foreign language, a translation of	g custody of records in the of the certificate under oath
	Signature of an auth	norized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (on the Department of State constitutes a third	(b), Florida Statutes. I am aware that ar	ny false information 7.155, F.S.
	Howard Weiss		•

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROBIOTIC SCIENCES, 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 EIGHTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROBIOTIC SCIENCES, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202455136

Date: 06-08-16

Page 1

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