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(((H16000240956 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045

Phone : (302) 545-7400 Fax Number : (302) 645-1280

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

Email Address: bryan@gymsrq.com

## Foreign Limited Liability Company refuel automated supplements, LLC

Certificate of Status	1
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## $(((H\,16000240956\,3)))$ application by foreign limited liability company for authorization to transact business IN FLORIDA

IN COMPLIANCE WITH SECTION 608,0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECUSTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF HIDRIDA: , refuel automated supplements, LLC

(If more unaveilable, enter a	terrate name adopted for the purpose of	iclide "Limited Liability Company," "L.L.C.," or "LL transacting business in Florida. The alternate name in	
Liability Company," "L.L.C.			
2. Delaware	of which foreign limited liability	3. (FEI mumber, if applicable)	
company is organized)		(PET RUMON, 11 approximo)	
4. no transactions prior to			
	(Unite first transacted business ii (Soc scotions 605 0904 & 605,020	n Florida, if prior to registration.) 5, F.S. to determine penulty liability)	
5, 5301 Cork Oak st			<b>5</b>
Sarasota, FL 34232	وهليس والمساور والمراب		SEP 28
Saldsond, CIT 1942.72	(Streat Address of Princ	cural Offica)	
6. 301 Cork Oak st		•	<b>6</b> 974
			王 四月
Sarasota, FL 34232	يونيان المان على المان	1288)	9 7
	(Mailing Add	ness)	<b>.</b>
7. Name and street addres	g of Florida registered agent. (P.O.	Box <u>NOT</u> acceptable)	வ ஆ
Name:	Bryan Lieberman		
Office Address:	301 Cork Oak st		
•	Sarasota	181orida 34232	
	(City)	, Florida 34232 (Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service tion, I hereby accept the appointme	of process for the above stated limited liability int as registered agent and agree to act in this co per and complete performance of my duties, an	apacity. I further agree
	(Rogistered	lagent's signature)	
8. The name, title or capa Bryan Lieberman, Membe	acity and address of the person(s) when 5301 Cork Oak at Sarasota, FL 34	to has/have authority to manage is/are: 1232	
Sohni Lieberman, Membe	er, 5301 Cork Oak st Samsota, FL 3-	4232	- 1112 manya
9. Attached is a certificate jurisdiction under the law of the translator must be se	of which it is organized. (If the certifubmitted)	old, duly authenticated by the official having custificate is in a foreign language, a translation of the	tody of records in the continued continued to the continu
	Signature of a	an authorized person	
This document is executed submitted in a document to	I in accordance with section 605.020, the Department of State constitutes Bryan Lieberman	3 (1) (b), Florida Statutes. I am aware that any fal a third degree felony as provided for in s.817.15.	ise information 5, F.S.

Typed or printed name of signee (((H16000240956 3)))

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. (((H16000240956 3)))

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "REFUEL AUTOMATED SUPPLEMENTS, 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-EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REFUEL AUTOMATED, SUPPLEMENTS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXESE HAVE BEEN ASSESSED TO DATE.

LAMASSES, FLORIUM

6100480 8300 SR# 20165971189

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

Authentication: 203070379

Date: 09-28-16