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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SESSIONARY OF STATE
ANALYSES ELECTRON

S. WARREN JUN 0 7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

Eat Fit Go Healthy Foods - Florida, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Brandon Dickerson
Name of Person
Likes Meyerson Hatch
Firm/Company
444 Regency Parkway Dr., Ste. 100
Address
Omaha, NE 68114
City/State and Zip Code
hauser@lmhlawfirm.com

For further information concerning this matter, please call:

Brandon Dickerson

_{at} 402

E-mail address: (to be used for future annual report notification)

506-4607

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

	mine adopted for the purpose of transacting business in	Florida. The atternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Nebraska	•	3.	
	hich foreign limited liability company is organized)	(FEI m	umber, if applicable)
			<u> </u>
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	r to registration.) straine penulty liability)	 1.0 1.1
8877 S. 137th Ci	rcle, Ste, 1	6. 8877 S. 137th Circ	
(Street Address of Principal Office) Omaha, NE 68138		Omaha, NE 68138	
	<u> </u>		SS IS
		<u> </u>	mc m
Name and street addres	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	
Name:	C T Corporation System		유
	1200 South Pine Island Roa		
Office Address:			
	Plantation (City)	, Florida 33324	code)
egistered agent's accep	- · · · · · · · · · · · · · · · · · · ·	. (24)	cons
	egistered agent and to accept service (of process for the above stated limb	iad liabilia, aamamuu, ni iba mlaa
	• •		
esignated in this application	ition, I hereby accept the appointmen	it as registered agent and agree to a	ect in this capacity. I further ag
comply with the provis	ition, I hereby accept the appointmentions of all statutes relative to the projes of my position as registered agent.	it as registered agent and agree to a	ect in this capacity. I further ag
comply with the provis	ions of all statutes relative to the proj	it as registered agent and agree to a	ect in this capacity. I further ag
comply with the provis	ions of all statutes relative to the proj	et as registered agent and agree to do per and complete performance of n	ect in this capacity. I further ag
comply with the provis ad accept the obligation	ions of all statutes relative to the projes of my position as registered agent.	of as registered agent and agree to do per and complete performance of n LAGREN KR on's signature) VICE PRESI	nct in this capacity. I further ag ny duties, and I am familiar with EATZ DEN
comply with the provis ad accept the obligation	ions of all statutes relative to the project of my position as registered agent. (Registored agent	of as registered agent and agree to do per and complete performance of n LAGREN KR on's signature) VICE PRESI	nct in this capacity. I further ag ny duties, and I am famillar with EATZ DEN
comply with the provisal accept the obligation The name, title or cap.	ions of all statutes relative to the project of my position as registered agent. (Registored agent acity and address of the person(s) who Name and Address: Aaron McKeever	or as registered agent and agree to do per and complete performance of notice that the second	ect in this capacity. I further ag by duties, and I am familiar with EAIZ DEN :: Name and Address: Sardor Vakhidov
comply with the provisad accept the obligation The name, title or cap Title or Capacity:	ions of all statutes relative to the project of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	of as registered agent and agree to a per and complete performance of notice and complete performance of notice aignature) Title or Capacity:	nct in this capacity. I further ag my duties, and I am familiar with EAIZ DEN :: Name and Address:
comply with the provisad accept the obligation The name, title or cap Title or Capacity:	ions of all statutes relative to the project of my position as registered agent. (Registored agent acity and address of the person(s) who Name and Address: Aaron McKeever 8677 S. 137th Circle	of as registered agent and agree to a per and complete performance of notice and complete performance of notice aignature) Title or Capacity:	EAIZ DEN Name and Address: Sardor Vakhidov 8877 S. 137th Circle
comply with the provisal accept the obligation The name, title or cap Title or Capacity:	acity and address of the person(s) who Name and Address: Aaron McKeever 8877 3. 137th Circle Omaha, NE 68136	of as registered agent and agree to a per and complete performance of notice and complete performance of notice aignature) Title or Capacity:	EAIZ DEN Name and Address: Sardor Vakhidov 8877 S. 137th Circle
comply with the provised accept the obligation The name, title or cap <u>Title or Capacity:</u> Common Manager	acity and address of the person(s) who Name and Address: Aaron McKeever 8677 S. 1371h Circle Omana, NE 68136	thas registered agent and agree to does and complete performance of notice and complete performance of notice are all the states of the states	EAIZ DEN Name and Address: Sardor Vakhidov 8877 S. 137th Circle
comply with the provisal accept the obligation. The name, title or cap. Title or Capacity: Common Manager Series A Manager	acity and address of the person(s) who Name and Address: Aaron McKeever 8677 S. 137th Circle Omans, NE 68138	thas registered agent and agree to does and complete performance of notice and complete performance of notice are all the states of the states	EAIZ DEN Name and Address: Sardor Vakhidov 8877 S. 137th Circle
comply with the provisit accept the obligation. The name, title or cap. Title or Capacity: Common Manager Serics A Ward	Registered agent. (Registered agent. (Registered agent. (Registered agent. Active and address of the person(s) who Name and Address: Aaron McKeever 8677 S. 137th Circle Omaha, NE 68138 Stephen A Seover 13030 Pierce Stephen NE 681	thas registered agent and agree to doer and complete performance of notice and complete performance of notice are also bearing to manage is are also bearing to manage is a common Manager Common Manager	EAIZ DEA Name and Address: Sardor Vakhidov 8877 S. 137th Circle Omaha, NE 68136
comply with the provisated accept the obligation. The name, title or cap. Title or Capacity: Common Manager Service A Ward Use attachments if neces. Attached is a certificate	acity and address of the person(s) who Name and Address: Aaron McKeever 8677 S. 1371h Circle Omaha, NE 68136 Stephen A Seom 13030 Pierce Stormany) c of existence, no more than 90 days of	thas registered agent and agree to doer and complete performance of more and complete performance of more aignature) The common manager Common Manager 1d, duly authenticated by the official	EATZ DEATZ Sardor Vakhidov 8877 S. 137th Circle Omaha, NE 68136
comply with the provisation accept the obligation. The name, title or cap. Title or Capacity: Common Manager Seves A Wards Use attachments if neces. Attached is a certificate	Registered agent. (Registered agent. (Regist	thas registered agent and agree to doer and complete performance of more and complete performance of more aignature) The common manager Common Manager 1d, duly authenticated by the official	EATZ DEATZ Sardor Vakhidov 8877 S. 137th Circle Omaha, NE 68136

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brandon K. Dickerson

STATE OF NEBRASKA

United States of America, State of Nebraska } ss

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

EAT FIT GO HEALTHY FOODS - FLORIDA, LLC

was duly formed under the laws of Nebraska on June 1, 2017;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

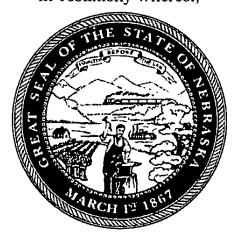
the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

June 1, 2017

Secretary of State