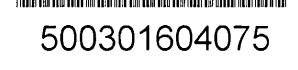
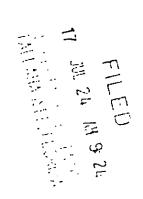
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(Requestor's N	Name)	
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PICK-UP WA	AIT MAIL	
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2017 JUL 24 AH IO: 58 SEGNELY SEEL FLORIDY

D SCOTT JUL 2 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 736680 8028653

AUTHORIZATION ]

OST LIMIT (:/\\$,125.00

ORDER DATE: July 21, 2017

ORDER TIME : 9:43 AM

ORDER NO. : 736680-005

CUSTOMER NO: 8028653

## FOREIGN FILINGS

NAME: RENEW LIFE FORMULAS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## 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:

Renew Life Formulas, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "LLC.")				
(If name imavailable, enter alternate of	name adopted for the purpose of transacting business in Flori-	ds. The alternate name must include "Limited Li	iability Company," "L L.C," or "LLC.")	
2 Delaware		2		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE) nur	nber, if applicable)	
4 June 6, 2017				
7.	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration ) e penalty hability)	<del></del>	
5 1221 Broadway		6 1221 Broadway		
(Street Address of	Principal Office)	(Mailing Ad	kiress)	
Oakland, CA 94612		Oakland, CA 94612	· · · · · · · · · · · · · · · · · · ·	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Corporation Service Company	<del> </del>		
Office Address:	1201 Hays Street			
	Tallahassee	, Florida 32301 (Zipec		
Registered agent's accep	(City)	(Zip co	ode)	
to comply with the provis and accept the obligation	ntion, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  Corporation Service Company  By:  (Registered agent)	and complete performance of my	Melissa Zender Asst. Vice President	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who has Name and Address:	s/have authority to manage is/are: Title or Capacity:	Name and Address:	
VP / Secretary	Angela C. Hilt	<del></del>	三 三	
	1221 Broadway			
	Oakfand, CA 94612			
	_			
			<del></del>	
(Use attachments if neces	ssary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old, d of which it is organized. (If the certificate submitted)	duly authenticated by the official best in a foreign language, a transle	having custody of records in the ation of the certificate under oath	
10. This document is executed submitted in a document t	to the Department of State constitutes a thin	(1) (b), Florida Statutes. I am aw rd degree felony as provided for in Man authorized person	are that any false information n s.817.155, F.S.	

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RENEW LIFE FORMULAS, LLC" IS DULY

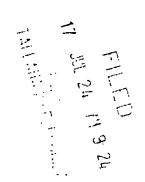
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENEW LIFE FORMULAS, LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2017.

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





6436863 8300 SR# 20175364156 Authentication: 202930435

Date: 07-21-17