

M17000006621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

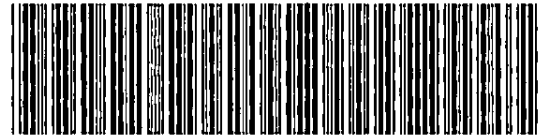
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AUG 04 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2017

AHPALY CORADIN
200 SOUTH BISCAYNE BLVD SUITE 2790
MIAMI, FL 33131

SUBJECT: FRESHBREATH LABS LLC
Ref. Number: W17000057180

We have received your document for FRESHBREATH LABS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 817A00013976

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRESHBREATH LABS 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:

Ahpaly Coradin

Name of Person

Coradin Law P.A.

Firm/Company

200 South Biscayne Blvd, Suite 2790

Address

Miami, FL 33131

City/State and Zip Code

ahpaly@coradinlaw.com

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

For further information concerning this matter, please call:

Ahpaly Coradin

305

714-9532

at (_____) _____

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:

1. FRESHBREATH LABS 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. NEW JERSEY STATE LAW 3. 47-1565389
(Jurisdiction under the law of which foreign limited liability company is organized) (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. c/o Coradin Law P.A., 200 South Biscayne Blvd, Suite 2790, Miami, FL 33131

(Street Address of Principal Office)

6. c/o Coradin Law P.A., 200 South Biscayne Blvd, Suite 2790, Miami, FL 33131

(Mailing Address)

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

Name: Coradin Law P.A.

Office Address: 200 South Biscayne Blvd, Suite 2790

Miami, Florida 33131
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Coradin
(Registered agent's signature)

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

Isaac Castaneda, Member, 467 Golf Course Drive, Leonia, NJ 07605

Dr. Liza Marina Marigo Klein, Member, 3301 183rd St., Apt. 3107, Aventura, FL 33160

Dr. Martha Miqueo, Member, 91 Park Place, Tenafly, NJ 07670

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)

Isaac Castaneda
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.

ISAAC CASTANEDA

Typed or printed name of signee

17 AUG -2 AM '09
ALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

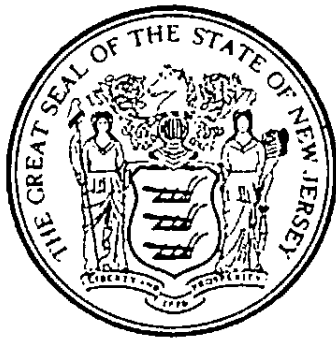
**FRESHBREATH LABS LLC
0400679737**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 12, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ISAAC CASTANEDA
300 SYLVAN AVENUE
3RD FLOOR
ENGLEWOOD CLIFFS, NJ 07632



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of May, 2017*

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

*Ford M. Scudder
Acting State Treasurer*

Certificate Number : 6079763786

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp