

MI7000008060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900303402119

09/20/17--01003--030 **125.00

09/21/17--01018--001 **916.25

FILED
2017 SEP 21 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHYBEES, 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:

Joseph Fasciglione
Name of Person
Healthybees, LLC
Firm/Company
2101 Vista Parkway
Address
West Palm Beach, FL 33411
City/State and Zip Code
fascig@beesvitaplus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Fasciglione at (561) 386-4402
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. HEALTHYBEES, 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. Delaware 3. 47-1019077
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/19/2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2101 Vista Parkway
West Palm Beach, FL 33411
(Street Address of Principal Office)

6.
(Mailing Address)

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

Name: Joseph Fasciglione
Office Address: 2101 Vista Parkway
West Palm Beach, Florida 33411
(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.

[Signature]
(Registered agent's signature)

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

Harold Rosen, Managing Member, 2101 Vista Parkway, West Palm Beach, FL 33411
Lee Rosen, Managing Member, 2101 Vista Parkway, West Palm Beach, FL 33411
Andrea Festuccia, Managing Member, 2101 Vista Parkway, West Palm Beach, FL 33411

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)

[Signature]
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.

[Signature]
Typed or printed name of signee

FILED
2011 SEP 21 PM 4:31
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Delaware

Page 1

The First State

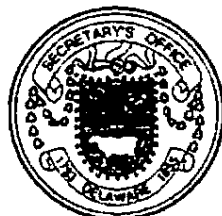
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHYBEES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHYBEES, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2014.

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

2017 SEP 21 PM 4:31
SECRETARY OF STATE
1111 ARABASSITT RD
DOVER, DE 19901

FILED




Jeffrey W. Bullock, Secretary of State

5535658 8300

SR# 20175752926

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

Authentication: 203080866

Date: 08-18-17