# M18000004271

| (Requestor's Name)      |                    |             |  |  |  |  |  |  |
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| (Ad                     | ldress)            |             |  |  |  |  |  |  |
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| (Address)               |                    |             |  |  |  |  |  |  |
|                         |                    |             |  |  |  |  |  |  |
| (Cit                    | ty/State/Zip/Phon  | e #)        |  |  |  |  |  |  |
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| PICK-UP                 | MAIT               | MAIL        |  |  |  |  |  |  |
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| (Bu                     | ısiness Entity Nar | me)         |  |  |  |  |  |  |
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|                         | cument Number)     |             |  |  |  |  |  |  |
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| Certified Copies        | _ Certificates     | s of Status |  |  |  |  |  |  |
|                         |                    |             |  |  |  |  |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |  |  |  |  |
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Office Use Only



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### COVER LETTER

|  |                | stration Section<br>ion of Corporation  | ıs   |                     |           |   |  |
|--|----------------|---|--|---------------------|-----------|---|--|
| SUBJEC   |                | StadeNutrition LLC  | :  |                     |           |   |  |
|  | _              |   | Name of  | Limited Liability ( | Company   |   |  |
|  |                |   |  |                     |           | insact Business in Florida," Certificate of<br>v company to transact business in Florida. |  |
| Please re  | etum a         | ill correspondence c  | oncerning this matter to the                               | following:          |           |   |  |
|  |                | David barrio  |  |                     |           |   |  |
|  |                |   | N  | ame of Person       |           |   |  |
| Firm/Company   |                |   |  |                     |           |   |  |
|  | 9440SW100St    |   |  |                     |           |   |  |
|  |                |   |  | Address             |           |   |  |
|  | Miami FL 33176 |   |  |                     |           |   |  |
|  |                |   | City/S   | tate and Zip Code   |           | _   |  |
|  |                | davidjbarrio@g  | mail.com   |                     |           |   |  |
|  |                |   | E-mail address: (to be used                                | I for future annual | report no | ification)  |  |
| For furth  | ner inf        | ormation concerning   | g this matter, please call:                                |                     |           |   |  |
|  | jared          | desguerra   |  | 305<br>_ at (       | 30433     | 02  |  |
|  |                | Name o  | f Contact Person   | Area Code           | Day       | nime 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 |  |                     |           |   |  |
|  |                | check for the follow<br>25.00 Filing Fee  | ing amount:  ☐ \$130.00 Filing Fee & Certificate of Status | S155.00 Filin       | g Fee &   | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy                             |  |

#### 

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. SladeNutrition LLC (Name of Foreign               | Limited Liability Company; must include "Limi  | ted Liability Company," "L.L.C.," or "LLC.")            |                                       |
|--|--|---|---------------------------------------|
| (If name unavailable, enter alternate n              | ame adopted for the purpose of transacting business in F   | lorida. The alternate name must include "Limited Liab   | ility Company," "L.L.C." or "LLC.")   |
| 2 Wyoming  |  | 3 475135029   |                                       |
| <u> </u>   | nich foreign lunited liability company is organized)   |   | et, if applicable)                    |
| a N/A  |  |   |                                       |
| 4. 1970  | (Date first transacted business in Florida, if prior t<br>(See sections 605,0904 & 605,0905, F.S. to detern  | o registration.)  |                                       |
| 5 9440SW 100St                                       | The action with the control of the c | 6 9440SW100St   |                                       |
| (Street Address of P                                 | rincipal Office)   | (Mailing Addr   | 55)                                   |
| Miami, FL 33176                                      |  | Miami, FL 33176   | <del> </del>                          |
|  |  |   | · · · · · · · · · · · · · · · · · · · |
|  |  |   |                                       |
| 7. Name and street address                           | s of Florida registered agent: (P.O. Bo  | x NOT acceptable)                                       |                                       |
| Name:  | David JuanBarrio   |   |                                       |
| Office Address:                                      | 9440SW 100St   |   |                                       |
| Office Address.                                      | •  | 00176   |                                       |
|  | Miami (Cny)  | , Florida 33176   |                                       |
|  | ons of all statutes relative to the prope<br>s of my position as registered agent.   |   | luties, and I am familiar with        |
|  | (Registered agent  | s signature)  | Frank.                                |
| 8. The name, title or capa <u>Title or Capacity:</u> | icity and address of the person(s) who have and Address:   | nas/have authority to manage is/are: Title or Capacity: | Name and Address                      |
| Member/ Manager                                      | David JuanBarrio   |   | N SAN                                 |
|  | 9440SW 100ST   | <u> </u>  | <u> </u>                              |
|  | Miami, FL 33176  | <del>-</del>  | <u> </u>                              |
|  |  |   | 9 5 C                                 |
|  |  | -   |                                       |
| (Use attachments if necess                           | Sarv)  | _   |                                       |
|  | -  | data and make the design of the second                  |                                       |
|  | of existence, no more than 90 days old of which it is organized. (If the certifical ibmitted)  |   |                                       |
| 10. This document is execu                           | uted in accordance with section 605.020  | 03 (1) (b), Florida Statutes. 1 am award                | e that any false information          |
|  | the Department of State constitutes a t  |   |                                       |
|  | flu flu  | w Du  |                                       |
|  | Signatu  | re of an authorized person                              | <del></del>                           |
|  | David JuanBarrio   |   |                                       |
|  |  | or printed name of signee                               | <del></del>                           |

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### Slade Nutrition LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **September 22, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000695315**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of April, 2018 at 11:13 AM. This certificate is assigned 026267631.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.