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To:

Division of Corporations Fax Number : (850)617-6383 From: 8 Account Name : SALOMON B. ESQUENAZI, P.A. Account Number : 120130000020 AH ព Phone : (954) 989-4995 Fax Number : (954)989-4991 ထ္ æ \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: \_\_\_\_\_ corporate@esquenazi-law.com -Foreign Limited Liability Company WINGED NUTRITION LLC Certificate of Status 0 2018 OCT 1 S Certified Copy 1

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## AM 8: 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.

## WINGED NUTRITION LLC

(Name of foreign limited liability company)						
2	Delawarc	3.	37-1909166			
Ju	risdiction under the law of which foreign limited ompany is organized)		(FEI number, if applicable)			
4	September 5, 2018	5.	Perpetual			
([	Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")			
6.	Will commence upon approval of this application.					
	(Date first transacted business in Florida.) (SEE SECTIONS 605.0904 & 605.0905 F.S.)					
	21330 NE 23 Court , Miami, FL 33180					

(Street address of principal office)

7. The name and street address of Florida registered agent:

## Corporate Solutions of South Florida, Inc.

4651 Sheridan Street, Suite 355 Hollywood, Florida 33021

## Register 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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relative to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.

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- 8. The limited liability company is a manager-managed company.
- 9. The names and usual business addresses of the managers are as follows:

Isaac Jena - 21330 NE 23 Court, Miami, FL 33180 Ruben Monheit – 18911 Collins Ave., Apt. 407, Sunny Isles, FL 33160 Timothy Mount – 12625 Black Hills Dr., Austin, TX 78748 Jessica Mulligan – 18 Via Di Roma Walk, Long Beach, CA 90803

- Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
- 11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful business permitted under the State of Elorida.

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), No., the execution of this document constitutes an alternation under the penaltics of perjury that the facts stated herein are true.) Salomon B. Esquenazi, Auth. Rep.

Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WINGED NUTRITION 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINGED NUTRITION LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2018.

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



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