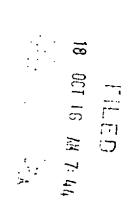
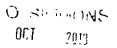


(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Continued Coming	
Certified Copies Certificates of Status	_
<u> </u>	
Special Instructions to Filing Officer:	
nane W18-80484	
L16-130347 Office Use Only	









September 8, 2018

NEIL GREENBAUM, ESQ 20 S SWINTON AVE DELRAY BEACH, FL 33444

SUBJECT: NUTRASMART, LLC Ref. Number: W18000080484

We have received your document for NUTRASMART, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L16000130347.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 218A00018621

RECEIVED
OCT 1 6 2018

GREENBAUM LAW FIRM, P.A.

20 South Swinton Avenue Delray Beach, Florida 33444

Neil Greenbaum, Esq. Admitted to practice in FL & NY T: 561.463.2133

W: www.neilgreenbaumlaw.com E: neil@neilgreenbaumlaw.com

October 8, 2018

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Attention:

Octavia L. Simmons

Regulatory Specialist III

Re: Nutrasmart LLC

Dear Ms. Spencer:

On September 8, an Application By Foreign Limited Liability Company For Authorization to Transact Business in Florida was filed at your office.

It appears that on that date, the name was not yet available, as a Florida LLC with the same name (document # L16000130347), that had been administratively revoked on September 22, 2017, had not been revoked yet for one year (it was about 2 weeks short). Therefore, the aforementioned application was rejected (see you letter dated September 8, attached).

As the year anniversary has now passed, we would once again like to make this application. Therefore, I have enclosed a Cover Letter, the Application and the \$125 Filing Fee.

Should there be any issues with this filing at such time, please don't hesitate to contact me at 561-463-2133.

I thank you for your assistance with this matter.

Sincerely,

Greenbaum Law Firm, P.A.

Neil Greenbaum Esq.

COVER LETTER

TO:	Registration Section Division of Corporations	
CHBH	NUTRASMART, LLC	
SUBJ	Name of Limited Liability Company	-
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida ence, and check are submitted to register the above referenced foreign limited liability company to transact bus	
Please	e return all correspondence concerning this matter to the following:	
	Neil Greenbaum, Esq.	
	Name of Person	_
	Greenbaum Law Firm, PA.	
	Firm/Company	_
	20 South Swinton Avenue	
	Address	-
	Delray Beach, Florida 33444	
	City/State and Zip Code	_
	neil@neilgreenbaumlaw.com	
	E-mail address: (to be used for future annual report notification)	_
For fur	erther information concerning this matter, please call:	
	Neil Greenbaum, Esq. 561 4632133 at ()	
	Name of Contact Person Area Code Daytime Telephone Number	_
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FI 32301	
Enclos	sed is a check for the following amount: \$\B\$\$ \$125.00 \text{ Filing Fee} \Bar{\text{S}}\$ \$130.00 \text{ Filing Fee & \Certificate of Status} \text{Certified Copy} \text{of Status & Certified C}\$	

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:

(Faile of Foreign	Limited Liability Company, must include "Limited	e theory company, taraci, or taxe.	,
	ume adopted for the purpose of transacting business in Flor		ibility Company," "L.L.C," or "LLC."
Ohio	high foreign limited liability company is organized)	3. 83-1187630	her, if applicable)
	ment concepts minima transmit examinants to commute (1)	Call Call	rca, a approprier
Not Applicable	(Date first transacted beautions in Florids of most to a	PROMITIVELY)	
51/O La Cadana (Ciral)	(Date first transacted business in Florick, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine		
5109 La Sedona Circle	Principal Office)	6. 5109 La Sedona Circle (Mailing Ade	tras) W
Delray Beach, Florida	33484	Delray Beach, Florida 334	
			07
			15
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Anthony Kling		盂
	5109 La Sedona Circle		~ ~
Office Address:	Dalama Danak	22.101	5× =
	Delray Beach (City)	, Florida 33484 (Ζη co	<u> </u>
signated in this applica comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.		in this capacity. I furthe
signated in this applica comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to act and complete performance of my	in this capacity. I furthe duties, and I am familiar
signated in this applica comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to act	in this capacity. I furthe duties, and I am familiar
signated in this applica comply with the provisi d accept the obligation. The name, title or capa	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registrating agent's a acity and address of the person(s) who ha	s registered agent and agree to act and complete performance of my signature	in this capacity. I furthe duties, and I am familiar
signated in this applical comply with the provision of accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registral agent's a acity and address of the person(s) who han Name and Address:	s registered agent and agree to act and complete performance of my	in this capacity. I furthe duties, and I am familiar
signated in this applica comply with the provisi d accept the obligation. The name, title or capa	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registral agent's a acity and address of the person(s) who han Name and Address: Anthony Kling	s registered agent and agree to act and complete performance of my signature	in this capacity. I furthe duties, and I am familiar
signated in this applica comply with the provisi d accept the obligation. The name, title or capa <u>Title or Capacity:</u>	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registral agent's a acity and address of the person(s) who han Name and Address:	s registered agent and agree to act and complete performance of my signature	in this capacity. I furthe duties, and I am familiar
signated in this applica comply with the provisi d accept the obligation. The name, title or capa Title or Capacity: MGR	ncity and address of the person(s) who has Name and Address: Anthony Kling 5109 La Sedona C J field Delray Beach, Ft 33494	s registered agent and agree to act and complete performance of my signature	in this capacity. I furthe duties, and I am familiar
signated in this applical comply with the provision of accept the obligation. The name, title or capa Title or Capacity:	acity and address of the person(s) who ha Name and Address: Anthony Kling 5109 La Sedona C I ACCO Delray Beach, FL 33494 Benjamin Plaza 1231 NF 41st Avre	s registered agent and agree to act and complete performance of my signature ss/have authority to manage is/are: Title or Capacity:	in this capacity. I furthe duties, and I am familiar
signated in this applica comply with the provisi d accept the obligation: The name, title or capa Title or Capacity: MGR	ncity and address of the person(s) who has Name and Address: Anthony Kling 5109 La Sedona C J field Delray Beach, Ft 33494	s registered agent and agree to act and complete performance of my signature ss/have authority to manage is/are: Title or Capacity:	in this capacity. I furthe duties, and I am familiar
signated in this application with the provision of accept the obligation. The name, title or capaarity: MGR MGR	Anthony Kling 5109 La Sedona C I ficte Delray Beach, Ft 33989 Benjamin Plaza 1231 NE 41st Ave Pompano Beach, Ft 33060	s registered agent and agree to act and complete performance of my signature ss/have authority to manage is/are: Title or Capacity:	in this capacity. I furthe duties, and I am familiar
rignated in this application comply with the provision of accept the obligation. The name, title or capative or Capacity: MGR MGR	Anthony Kling 5109 La Sedona C I ficté Delray Beach, Ft 33989 Benjamin Plaza 1231 NE 41st Ave Pompano Beach, Ft 33060 Sary)	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity:	in this capacity. I furthe duties, and I am familiar Name and Address:
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The name, title or capa Title or Capacity: MGR MGR MGR Attached is a certificate isdiction under the law the translator must be sec. This document is exec.	Anthony Kling Benjamin Plaza 1231 NE 41st Ave Pompano Beach, Ft 33566 Sary) of existence, no more than 90 days old, of which it is organized. (If the certificate of the person of t	stregistered agent and agree to act and complete performance of my as/have authority to manage is/arc: Title or Capacity: duly authenticated by the official hase is in a foreign language, a translated is in a foreign language.	Name and Address: aving custody of records intion of the certificate under that any false information
The name, title or capa Title or Capacity: MGR MGR MGR Attached is a certificate isdiction under the law the translator must be sec. This document is exec.	Anthony Kling Benjamin Plaza 1231 NE 41st Ave Pompano Beach, Ft 33366 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	stregistered agent and agree to act and complete performance of my as/have authority to manage is/arc: Title or Capacity: duly authenticated by the official hase is in a foreign language, a translated is in a foreign language.	Name and Address: aving custody of records intion of the certificate under that any false information

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NUTRASMART LLC, an Ohio For Profit Limited Liability Company, Registration Number 4208196, was organized within the State of Ohio on July 12, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of August, A.D. 2018.

Ohio Secretary of State

Jon Hasted

Validation Number: 201823800080