

M19000007893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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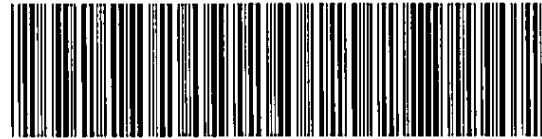
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG -8 PM 4:22
CLERK OF COURT
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B KINSEY
AUG 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vitali Natural 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:

Carmin Tillit
Name of Person

East of Collins
Firm/Company

202 Sunny Isles Blvd Ste 6
Address

Sunny Isles Beach, FL 33160
City/State and Zip Code

Vitalina.Sidorikina@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmin Tillit at (754) 423 6283
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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. Vitali Natural LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. The State of Delaware 3. 82-4993253
(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. 600 Brickell Ave 18th Floor 6. 600 Brickell Ave 18th Floor
(Street Address of Principal Office) (Mailing Address)
Miami, FL 33131 Miami, FL 33131

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

Name: Vitalina Sidorkina

Office Address: 600 Brickell Ave 18th Floor

Miami, FL 33131, 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.

[Signature]
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**
☒ Manager Name: Vitalina Sidorkina
☐ Member Address: 600 Brickell Ave
☐ Authorized 19th Floor Miami, FL
Person 33131
☐ Other _____ ☐ Other _____

☒ Manager Name: Joshua Wander
☐ Member Address: 600 Brickell Ave
☐ Authorized 19th Floor Miami, FL
Person 33131
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☒ Manager Name: Valekio Morabito
☐ Member Address: 600 Brickell Ave
☐ Authorized 19th Floor Miami, FL
Person 33131
☐ Other _____ ☐ Other _____

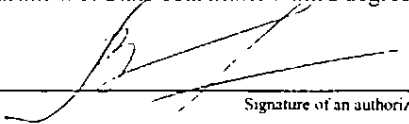
☒ Manager Name: Alison Masterman
☐ Member Address: 600 Brickell Ave
☐ Authorized 19th Floor Miami, FL
Person 33131
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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 of an authorized person
Vitalina Sidorkina

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VITALI NATURAL 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 FIFTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VITALI NATURAL LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2018.

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



6749599 8300

SR# 20196340155

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203349904

Date: 08-05-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:20 PM 02/09/2018
FILED 03:20 PM 02/09/2018
SR 20180880584 - File Number 6749599

CERTIFICATE OF FORMATION

OF

VitAli Natural LLC

1. The name of the limited liability company is VitAli Natural LLC

2. The address of its registered office in the State of Delaware is:
Corporation Trust Center, 1209 Orange Street, in the City of Wilmington,
Delaware 19801. The name of its registered agent at such address is The
Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of
Formation of VitAli Natural LLC this 9th day of February, 2018.

/s/ Frederick A. Love

Frederick A. Love, Esq.

Authorized Signature