

97

Division of Corporations

Florida Department of State
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**Foreign Limited Liability Company
NUTRI-SHIELD NSG, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$793.75

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Y SCOTT

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Help

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. NUTRI-SHIELD NSG, 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. Kansas 3. 82-4968575
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/1/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 Main Street 6. 4501 NW US Hwy 24
(Street Address of Principal Office) (Mailing Address)
Courtland, KS 66939 Topeka, KS 66618

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Christine Kelm Christine Kelm,
(Registered agent's signature) Assistant Secretary

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: John Coleman

☒ Member Address: 18910 142nd Rd

☐ Authorized Denison, KS 66419

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brad Shoemaker

☒ Member Address: 4501 NW US Hwy 24

☐ Authorized Topeka, KS 66618

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Michael Smith

☒ Member Address: 4501 NW US Hwy 24

☐ Authorized Topeka, KS 66618

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Todd Harrington

☒ Member Address: 4501 NW US Hwy 24

☐ Authorized Topeka, KS 66618

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Anthony Shepherd

☒ Member Address: 4501 NW US Hwy 24

☐ Authorized Topeka, KS 66618

Person _____

☐ 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

Todd Harrington

 Typed or printed name of signer

9/25/2019

<https://www.kansas.gov/bess/flow/main?execution=e2s1>

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8955262

Entity Name: NUTRI-SHIELD NSG, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: NSG, LLC

Registered Office: HCR 4501 NW US HWY 24, TOPEKA, KS 66618

was filed in this office on March 06, 2018, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of September 24, 2019

SCOTT SCHWAB
SECRETARY OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Certificate ID: 1114382 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.