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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

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Account Number : 072720000266
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Fax Number : (941) 552-7141

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gcbruce@martinpringle.com

**Foreign Limited Liability Company
Natures Way MCF, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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2019 OCT 10 PM 2:14

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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 THIS STATE OF FLORIDA:

1. Natures Way MCF, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. Kansas
(Jurisdiction under the laws of which foreign limited liability company is organized)
3. _____
(FBI number, if applicable)
4. _____
(Date first increased business in Florida, if prior to registration;
See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 8415 E. 21st St. North, Ste. 100
(Street Address of Principal Office)
6. 8415 E. 21st St. North, Ste. 100
(Mailing Address)
- Wichita, KS 67206
- Wichita, KS 67206

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

Name: Cross Street Corporate Services LLC

Office Address: 200 S. Orange Ave.

Sarasota, Florida 34236
(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.


(Registered agent's signature)

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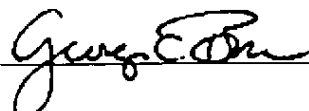
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Timothy J. Buchanan	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 8415 E. 21st St. N Ste 100	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Wichita, KS 67206	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

George C. Bruce

Typed or printed name of signer

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**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: 9530718

Entity Name: NATURES WAY MCF, LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

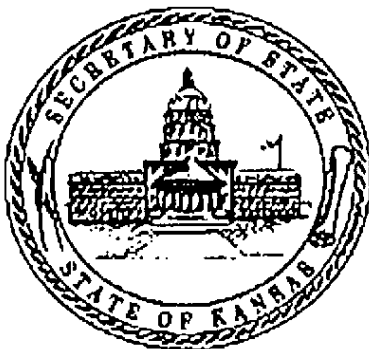
State of Organization: KS

Resident Agent: GEORGE C BRUCE

Registered Office: 645 E Douglas Ave. Suite 100, WICHITA, KS 67202

was filed in this office on October 09, 2019, 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 October 10, 2019

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1115678 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.