To:

2/25/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000629303)))



H200000629303ABCVV

To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (614)280-3338
	Fax Number : (954)208-0845
*E⊓ter an	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**
	ail Address:

Foreign Limited Liability Company HEALTHYYOU VENDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

HEALTHYYOU VENI				
(Name of Foreign I	Limited Liability Company; insist include "Limited	f Liability C	ompany," "L.L.C.," or "ELC.")	
	and should the the manage of page sering humaners in \$1	מלו חלו באומה	more name must include "Lumited Liability Company," "L.L.C."	ortical
	ance another we the purpose of catalogues of the	W. 100.	, , , , , , , , , , , , , , , , , , , ,	,
Nevada	nich fareign kanted fiabilias company is organized)	3	(Fe) number, (fupplicable)	
(Jurisdiction under the law of w)	nen threigh into ed habbas company is biganized)		(ICA IIIAACI, COPPICE SI	
	(Date first transacted Studies in Florida, if prior to (See sections 603 0904 & 603,0905, F.S. to determine	regionality lia regionalities.)	pility)	
498 N KAYS DR			98 N KAYS DR	
eet Address of Propipal Office)	41 - Administration	b	(Mailing Address)	
Suite 200		S	uite 200	
-		_		.—
KAYSVILLE, UT 84037		KAYSVILLE, UT 84037		
		_		
Name and street address	🔂 of Florida registered agent: (P.O. Box	K <u>NOT</u> ac	eeptable)	
				· · ·
Name:	C T Corporation System			
Name:				: 43
Name: Office Address:				84.6
			33324	: 43
	1200 South Pine Island Road			: 43
Office Address:	1200 South Pine Island Road Plantation (City)		33324	: 43
Office Address: egistered agent's accep	Plantation (Coy) Ottauce: Printered agent and to accept service of	process f	33324 Florida	at the pla
Office Address: egistered agent's accepaying been named as re	Plantation (Cny) Otanice: egistered agent and to accept service of ution. I hereby accept the appointment of	process fo	33324	at the pla further a
Office Address: legistered agent's acceptaving been named as re esignated in this application	Plantation (Cny) Otanice: egistered agent and to accept service of ution. I hereby accept the appointment of	process fo	33324 Florida	at the plac further us
Office Address: tegistered agent's accep laving been named as re esignated in this applica o comply with the provis	Plantation (Coy) Stance: egistered agent and to accept service of thion, I hereby accept the appointment of ions of all statutes relative to the prope	process fo as register r and con	33324	at the plac further us

8.	For initial indexing purposes,	list names, ti	itle or capacity and	i addresses of the	primary	members/managers o	r persons aut	horized to
בוח	nage [up to six (6) total]:							

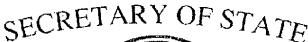
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊡Manager	Name: Mark Lisonbee	LJManager	Name:
☐Member	Address: 2750 Rasmussen Rd. Ste 107	E Member	Address: 498 N. Kays Dr. Suite 200
□Authoriz e d	Park City, UT 84098	□Authorized	Haysville, UT 84037
Person		Person	
Other		[]Other	☐ Other
			202
TiManager	Name:	□Manager	2020 F
⊡Member	Address:	□Member	Address: 50
DAuthorized		∐Authorized	
Person		Person	10
[]Other		□Other	□Other 🛈
□Manager	Name:	⊜Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		[] Authorized	
Person		Person	
□Other	□Other	[]Other	□Other

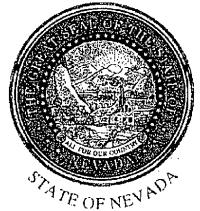
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

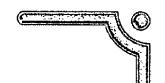
- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Jeffry L march
figrature of an authorized person.
Jeffrey L. Marsh Typed or printed name of sugree









CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, HEALTHYYOU VENDING, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/13/2018, and is in good standing in this state.



Certificate Number: B20200224603187

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/24/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State