

MD000005320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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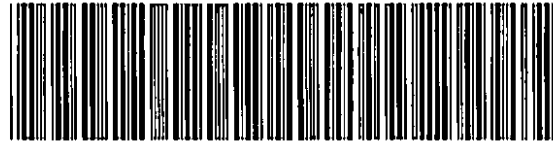
(Business Entity Name)

(Document Number)

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JUN 10 10 10 10
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JUN 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HIGH PLAINS NUTRITION, 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:

STEVEN M. MCGARRAH

Name of Person

HIGH PLAINS NUTRITION, LLC

Firm/Company

816 BALMORAL CT

Address

INVERNESS, FL 34453

City/State and Zip Code

steve.mcgarrah@highplainsnutrition.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN M. MCGARRAH

720

341-2985

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. HIGH PLAINS NUTRITION, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. STATE OF COLORADO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-4443827
(FEI number, if applicable)

4. 1/1/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 816 BALMORAL CT
(Street Address of Principal Office)

6. 816 BALMORAL CT
(Mailing Address)

INVERNESS, FL 3453
INVERNESS, FL 34453

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

Name: STEVEN M. MCGARRAH

Office Address: 816 BALMORAL CT

INVERNESS 34453
(City) , Florida (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)

RECEIVED
JAN 13 10 11 AM '20
CLERK OF COURT
JAN 13 2020

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: STEVEN M. MCGARRAH

☒ Member Address: 816 BALMORAL CT

☒ Authorized INVERNESS, FL 34453

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: TIMOTHY J. WISNIEWSKI

☒ Member Address: 212 PANFERIO

☐ Authorized PENSACOLA BEACH, FL 32561

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: ABDELHAMEED M. GOUDAT

☒ Member Address: 1330-B NE 39th ST

☐ Authorized KANSAS CITY, MO 64116

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: DALE R. DITMARS

☒ Member Address: 501 E. HOPE RD

☐ Authorized ROGERS, AR 72758

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: ERIN E. PARISH

☒ Member Address: 703 SW GRAYSTONE DR

☐ Authorized GRAIN VALLEY, MO 64029

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: JOHNATHON M. MCGARRAH

☒ Member Address: 2460 AVIGNON CIR

☐ Authorized SANTA ROSA, CA 95403

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

STEVEN M. MCGARRAH

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

High Plains Nutrition, LLC

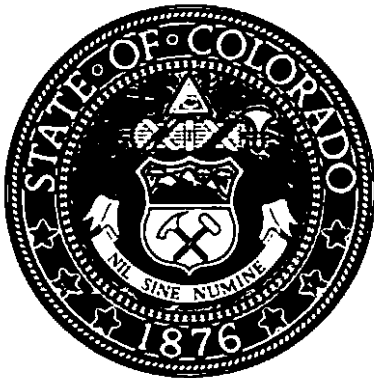
is a

Limited Liability Company

formed or registered on 09/21/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161631486 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/26/2020 that have been posted, and by documents delivered to this office electronically through 05/28/2020 @ 08:09:12 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/28/2020 @ 08:09:12 in accordance with applicable law. This certificate is assigned Confirmation Number 12366760 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz-CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

HIGH PLAINS NUTRITION, LLC
LIST OF MANAGERS MEMBERS
(as of 5/27/2020)

Name	Street	City	State	ZIP	Role(s)
Steven M. McGarrah	816 Balmoral Court	Inverness	FL	34453	manager/member
Abdelhameed M. Goudat	1330-B NE 39th Street	Kansas City	MO	64116	member
Dale Ditmars	501 E New Hope Road	Rogers	AR	72758	member
Erin E. Parrish	703 SW Graystone Drive	Grain Valley	MO	64029	member
Johnathon M. McGarrah	2460 Avignon Circle	Santa Rosa	CA	95403	member
Joseph Kessinger	2914 W 72nd Terrace	Prairie Village	KS	66208	member
Neil W. Ahle	5641 Villa Drive	Lawrence	KS	66047	member
Steve Ashley	1064 Penniman Drive	El Dorado Hills	CA	95762	member
Thomas Asquith	6077 Ramblingridge Drive	Cincinnati	OH	45247	member
Timothy Wisniewski	212 Panferio	Pensacola Beach	FL	32561	member