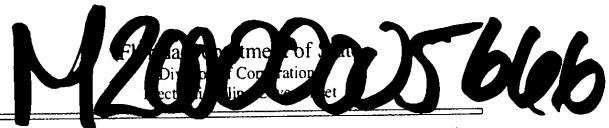
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 : (561)694-1639 Fax Number

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

Email	Address:	

S

Foreign Limited Liability Company **GR Supplements, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

T GLASS

JUN 26 2020

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:

(Name of Foreign I	imited Liability Company, must include "Limited	Lability	Company," "L.L.C.," or "L.L.C.")	
name unavailable, emer alternate na	me adopted for the purpose of transacting business in Fl	orids. The a	alternate name must include "Linssted Liability Compar	ny," "LLC," or "LL
Delaware				
	ich foreign limited liability company is organized)	3.	(FEI number, if applicable	e)
	No. Sections and beginning in Florida of program	e-os-tration	1	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	inc ponalty	hability)	
4594 Humburg Pond #177			6586 Hypoluxo Road, #177	
reet Address of Principal Office)		О.	(Mailing Address)	
Lake Worth, FL 33467			Lake Worth, FL 33467	
				(Z1)
Name and street addres	s of Florida registered agent: (P.O. Box	C NOT	acceptable)	
				V
	Corporate Creations Network Inc.			(,
Name:		·		:
	801 US Highway !			
Office Address:				S S
	North Palm Beach		33408 , Florida	
	(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.

2 UU	Lauren Underwood, Special Secretary
	egistered agent's signature)

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:	Title or Capacity	<u>:</u>	Name and Address:
≣ Manager	Name: Laura M Fuentes	□Manager	Name:	
☐Member	Address: 6586 Hypoluxo Road, #177	□Member	Address:	
□Authorized	Lake Worth, FL 33467	☐Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other
				200
□Manager	Name:	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		:
Person		Person	****	ÇЛ
□Other	□Other	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.

L W	
	Signature of an authorized person
Lauren Underwood, A	uttorney-in-Fact
	Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GR SUPPLEMENTS, 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GR SUPPLEMENTS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2020.

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

7827 - 28 - 777 HI (50)



Authentication: 203176536

Date: 06-25-20

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