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TALLAHASSEE, FLORIDA

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LISTEN. SOLVE. EMPOWER.

P: 330.253.5060 F: 330.253.1977 W: bmdllc.com
75 East Market Street Akron, Ohio 44308

Francesca N. Cario
Paralegal
P: 330.253.5060
E: fcario@bmdllc.com

July 21, 2020

VIA FEDEX OVERNIGHT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

***Re: Application by Foreign LLC for Authorization to Transact Business in Florida
The Center for Integrative Nutrition & Culinary Care, LLC
Cancer Nutrition Care***

To Whom This May Concern:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida to be filed regarding the above captioned company, along with a copy of the certificate of existence. Furthermore, please find a check in the amount of \$125.00 representing filing fees.

Should you have any questions or concerns, please do not hesitate to contact my office.

Sincerely,

Francesca N. Cario

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Center for Integrative Nutrition & Culinary Care, 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:

Kathryn E. Hickner, Esq.

Name of Person

Brennan, Manna & Diamond, LLC

Firm/Company

200 Public Square, Suite 3270

Address

Cleveland, Ohio 44114

City/State and Zip Code

kehickner@bmdllc.com

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Kathryn E. Hickner, Esq.

216

417-0844

Name of Contact Person

at ()

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. The Center for Integrative Nutrition & Culinary Care, 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1857914

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

16 Pine St., Suite 220

5. (Street Address of Principal Office)

Dover, MA 02030

16 Pine St., Suite 220

6. (Mailing Address)

Dover, MA 02030

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

Name: BMD Florida Service, LLC

Office Address: 800 West Monroe Street

Jacksonville, FL 32202

(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)

Lee S. Walko, Esq.

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TALLAHASSEE, FLORIDA

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 type="checkbox"/> Manager	Name: <u>Bob Simsek</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>16 Pine St., Suite 220</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Dover, MA 02030</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Managing MBR</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>LAYLA SILVERMAN</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>1851 W OAK KNOLL CIRCLE</u>	<input type="checkbox"/> Authorized	_____
Person	<u>DAVE, FL 33324</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>FLORIDA MANAGER</u>	<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 _____

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TALLAHASSEE, FLORIDA

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

Bob Simsek, President

Typed or printed name of signer

7/6/2020

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE CENTER FOR INTEGRATIVE NUTRITION & CULINARY CARE, 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 TENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE CENTER FOR INTEGRATIVE NUTRITION & CULINARY CARE, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2020.

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

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STATE OF DELAWARE
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SR# 20206163649

You may verify this certificate online at corp.delaware.gov/authver.shtml

Handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Authentication: 203259850

Date: 07-10-20