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Foreign Limited Liability Company VENU HEALTH & BEAUTY, LLC

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To: Page 3 of 5

APPLICATION BY FO	REIGN LIMITED LIABILITY COMP IN FLO	PANY FOR . PRIDA	AUTHORIZATIO	T OT R	RANSA	CT BUSINESS			
IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BL	TION 605.0002, FLORIDA STATUTFS, THE FOI SINESS IN THE STATE OF FLORIDA:	LOWING IS S	JBMITTED TO REGI	STER A FO	OREIGN	TJMTTY) TJARILI			
VENU HEALTH & BE	AUTY, LLC Limited Liability Company; must include "Limited I								
Name of Foreign	Limited Liability Company; must include "Lumited I	Clabibily Compa	ny," "E.C.," or "LLC	<u> </u>		***************************************			
(L' name unavailable, erner alternate e	name adopted for the purpose of unexacting business in Flor	um The observance	name must include "Limite	d Lidulity C	ompany," "	LLCT or TELLOTY			
NEW YORK 2.		81-3016151 (Fell number, if applicable)							
(Jurediction under the law 3) w	then foreign limited liability company is organized)		(Fel n	uniber, it app	(wable)				
1/01/2019									
4.	(Date that transacted business in Florida, it prior to re (See sections 608 00:01 & 608 0005; F.S. to determine	grenation) grenation (
73 BRIDGE STREET 5.	5 Diview in a civilia				RIDGE STREET				
(Street Address of Principal Office)		1.	(ading Address)						
NEWBURGH, NY 12250			NEWBURGH, NY 12250						
			10 11						
7. Name and street uddres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accept.	sblej						
Name:	MIGUEL A. HERNANDEZ			age Journal of the control of the					
Office Address:	8500 WEST FLAGLER STREET STE	B208	-	22.8	21 %	*******			
	MIAMI		33144 , Florida		5	مستقطع بسید د ر			
	(Chy)		(Zip cod		>	e e e e e e e e e e e e e e e e e e e			
designated in this applica	stance: egistered agent and to accept service of pi ation, I hureby accept the appointment as ions of all statutes relative to the proper t	registered w	gent and agree to t	ict in this	з сараси	y, a further agi			
and accept the obligation	s of my position as registered agent.	•	· •						

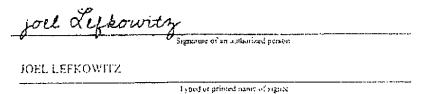
(McEntered agent's signature)

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:		Name and Address:
□Manager	Name: JOEL LEFKOWITZ	□Monager	Name:	
Member	Address: 73 BRIDGE STREET	☐ Member	Address:	
□Authorized	NEWBURGH, NY 12250	LIAuthorized	4 -4-14-4	
Person		Person	A CONTRACTOR OF THE PARTY OF TH	
□Other	□Other	□Other		□ Othes
. iManager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
Authorized		D Authorized		
Person		Person		
□Other	□Other	□Other		□Other
		man, .		
Manager	Name:	GManager	Name:	
⊡Member	Address:	☐ Member	Address:	
□ Authorized		□ Authorized		,
Person		Person		
□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.



State of New York Department of State } ss:

I hereby certify, that VENU HEALTH & BEAUTY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Daw on 06/22/2016, and that the Limited Diability Company is existing so far as shown by the records of the Department.



Wimess my hand and the official seal of the Department of State at the City of Albany, this 02nd day of September two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Brahm C Hylen

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