

M210000006794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wa210000037253

Office Use Only



700361092657

03/04/21--01020--002 **160.00

FILED
2021 JUN -4 PM 3:13
CLERK OF COURT
JULIA A. BROWN

JS
6/4/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2021

MARK M. O'MARA
221 NE IVANHOE BLVD
SUITE 200
ORLANDO, FL 32804

SUBJECT: VITAMIN THERAPY SERVICES, LLC
Ref. Number: W21000037253

We have received your document for VITAMIN THERAPY SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 021A00005900

RECEIVED
MAY 26 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vitamin Therapy Services, 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:

Mark M. O'Mara

Name of Person

O'Mara Law Group

Firm/Company

221 NE Ivanhoe Blvd., Suite 200

Address

Orlando, FL 32804

City/State and Zip Code

mark@omaralawgroup.com

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

For further information concerning this matter, please call:

Mark M. O'Mara

407

898-5151

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. Vitamin Therapy Services, 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. 86-1305349
(FEI number, if applicable)

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

5. O'Mara Law Group
(Street Address of Principal Office)

221 NE Ivanhoe Blvd., Suite 200
Orlando, FL 32804

6. 221 NE Ivanhoe Blvd.
(Mailing Address)

Suite 200
Orlando, FL 32804

FILED
2021 JUN -4 PM 3:13
CLERK OF DISTRICT COURT
JULY 13 2021

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

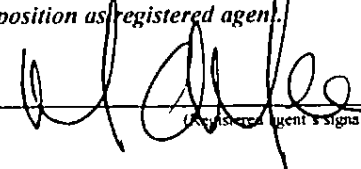
Name: Mark M. O'Mara

Office Address: 221 NE Ivanhoe Blvd., Suite 200

Orlando, Florida 32804
(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.


(Registered 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:**

☒ Manager Name: Mark M. O'Mara

☐ Member Address: 221 NE Ivanhoe Blvd.

☐ Authorized Suite 200

Person Orlando, FL 32804

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Mike Fleming

☐ Member Address: 9100 Bay Point Dr.

☐ Authorized Orlando, FL 32819

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Olga Ivanov

☐ Member Address: 118 Celebration Blvd.

☐ Authorized Celebration, FL 34747

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: James Wiseman

☐ Member Address: 221 NE Ivanhoe Blvd.

☐ Authorized Suite 200

Person Orlando, FL 32804

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

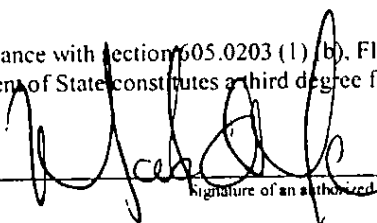
Person _____

☐ 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

Mark M. O'Mara

Typed or printed name of signer

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VITAMIN THERAPY SERVICES, 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 SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VITAMIN THERAPY SERVICES, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2021.

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

2021 JUN -6 PM 3:11
[RECEIVED]




Jeffrey W. Bullock, Secretary of State

4640305 8300

SR# 20211111535

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

Authentication: 203142925

Date: 05-06-21