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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

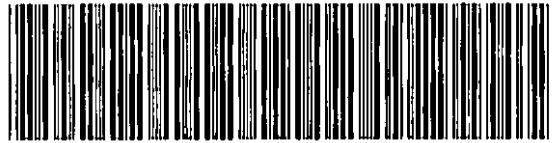
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2021 JUN 29 PM 2:15

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2021

LES H. STEVENS, ESQ.
5301 NORTH FEDERAL HIGHWAY
SUITE 130
BOCA RATON, FL 33487

SUBJECT: TRUE EARTH HEALTH PRODUCTS, LLC
Ref. Number: W21000085864

We have received your document for TRUE EARTH HEALTH PRODUCTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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: 821A00013072

6/21/21 Re-submission per ABOVE LETTER

A handwritten signature in black ink, appearing to be "Yvette Scott", is written over the typed name.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE EARTH HEALTH PRODUCTS, 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:

LES H. STEVENS, ESQUIRE

Name of Person

LES H. STEVENS, P.A.

Firm/Company

5301 NORTH FEDERAL HIGHWAY, SUITE 130

Address

BOCA RATON, FLORIDA 33487

City/State and Zip Code

jon@sheerscience.com

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

For further information concerning this matter, please call:

LES H. STEVENS, ESQUIRE

561 989-9797

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. TRUE EARTH HEALTH PRODUCTS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 473741102
(FEI number, if applicable)

4. MAY 1, 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 777 YAMATO ROAD
(Street Address of Principal Office)

6. 777 YAMATO ROAD
(Mailing Address)

SUITE 111

SUITE 111

BOCA RATON, FLORIDA 33487

BOCA RATON, FLORIDA 33487

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

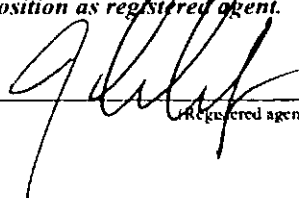
Name: JONATHAN GREENHUT, MANAGER

Office Address: 777 YAMATO ROAD, SUITE 111

BOCA RATON, Florida 33487
(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: JONATHAN GREENHUT

☐ Member Address: 777 YAMATO ROAD

☐ Authorized SUITE 111

Person BOCA RATON, FL 33487

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

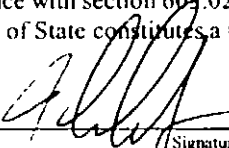
Person _____

☐ 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

JONATHAN GREENHUT

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that TRUE EARTH HEALTH PRODUCTS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/13/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
201 JUN 28 PM 2:15
STATE DEPT
ALBANY, N.Y.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 21st day of April two
thousand and twenty-one.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State