

M21000012172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

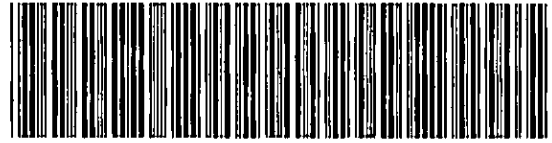
(Document Number)

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CLERK OF SUPERIOR COURT
STATE OF NEW YORK

11.3.21

SEP 15 2021
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Total Nutrition Partners, 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:

Stan Soper, Chief Legal

Name of Person

Total Nutrition Partners, LLC

Firm/Company

5152 N Edgewood Dr., Suite 375

Address

Provo, UT 84604

City/State and Zip Code

legal@brandless.com

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

For further information concerning this matter, please call:

Stan Soper

801

225-9990

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. Total Nutrition Partners, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

N/A

(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. Utah 3. 87-1989902
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 5152 N Edgewood Dr., Suite 375 6. 5152 N Edgewood Dr., Suite 375
(Street Address of Principal Office) (Mailing Address)
Provo, UT 84604 Provo, UT 84604

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

Nichol McCroy Nichol McCroy, Assistant Secretary
(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager | Name: | Cyd Tetro, Manager | | <input checked="" type="checkbox"/> Manager | Name: | Matt Durham, Manager | |
| <input type="checkbox"/> Member | Address: | 5152 N Edgewood Dr., Suite 375 | | <input type="checkbox"/> Member | Address: | 5152 N Edgewood Dr., Suite 375 | |
| <input type="checkbox"/> Authorized | | Provo, UT 84604 | | <input type="checkbox"/> Authorized | | Provo, UT 84604 | |
| | Person | | | | Person | | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Manager | Name: | Lourdes McGay, Manager | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | 1421422 Shoreside Way | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized | | Suite 110-218 | | <input type="checkbox"/> Authorized | | | |
| | Person | Winter Garden, FL 34787 | | | Person | | |
| <input type="checkbox"/> Other | | <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 | |

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

Matt Durham

Typed or printed name of signer

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TALLAHASSEE, FLORIDA



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Phone: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web site: <http://www.commerce.utah.gov>

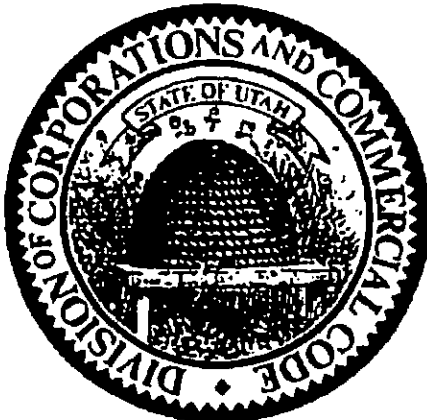
TOTAL NUTRITION PARTNERS, LLC
5152 N EDGEWOOD DR, STE 375
PROVO, UT 84604

August 9, 2021

CERTIFICATE OF EXISTENCE

Registration Number: 12419598-0160
Business Name: TOTAL NUTRITION PARTNERS, LLC
Registered Date: AUGUST 3, 2021
Entity Type: LLC - DOMESTIC
Status: CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Leigh Veillette
Director
Division of Corporations and Commercial Code

History Information Contained on Following Page



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

August 31, 2021

**STAN SOPER, CHIEF LEGAL
TOTAL NUTRITION PARTNERS, LLC
5152 N EDGEWOOD DR., SUITE 375
PROVO, UT 84604**

**SUBJECT: TOTAL NUTRITION PARTNERS, LLC
Ref. Number: W21000119432**

We have received your document for TOTAL NUTRITION PARTNERS, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00.

The form you submitted is for a Foreign Corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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

**Mel Solomon
Senior Section Administrator**

Letter Number: 921A00021045

**RECEIVED
SEP 13 2021**