

12/3/21, 5:54 PM

Division of Corporations

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 Florida Department of State
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
 Integrative Nutrition, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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S. HAWKES

DEC -6 2021

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. Integrative Nutrition, 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. 13-3693890
(FEI number, if applicable)

4. 09/21/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 245 5th Ave 7th Floor
(Street Address of Principal Office)

6. 245 5th Ave 7th Floor
(Mailing Address)

New York, NY 10016

New York, NY 10016

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

Name: C T Corporation System

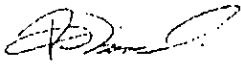
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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STATE OF FL

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.

By: C T Corporation System 
(Registered agent's signature)

Peter Trawinski
Assistant Secretary

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: <u>Tim DeVries</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Lynda Cloud</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>245 5th Avenue, 7th FL</u>
<input type="checkbox"/> Authorized	<u>2600IDS Center, 80 South St.,</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10016</u>
Person	<u>Minneapolis, MN 55402</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Mike Gerand</u>	 <input type="checkbox"/> Manager	Name: <u>ILN, LLC</u>
<input type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>2600IDS Center, 80 South St.,</u>	<input type="checkbox"/> Authorized	<u>184 S. Livingston Ave. Ste 9318</u>
Person	<u>Minneapolis, MN 55402</u>	Person	<u>Livingston, NJ 07039</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Jason Sondell</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>2600IDS Center, 80 South St.,</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Minneapolis, MN 55402</u>	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

Christine Kelm, Attorney in Fact

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: INTEGRATIVE NUTRITION, LLC
DOS ID Number: 5412983
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/20/2018
Statement Status: CURRENT
Statement Due Date: 09/30/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 09/20/2018
Entity Name: IIN MERGER SUB LLC

Document Type: CERTIFICATE OF MERGER
Date of Filing: 10/01/2018
Name Changed To: INTEGRATIVE NUTRITION, LLC

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 10/01/2018

Document Type: CERTIFICATE OF AMENDMENT

Date of Filing: 11/21/2018

Document Type: CERTIFICATE OF PUBLICATION

Date of Filing: 12/18/2018

Document Type: BIENNIAL STATEMENT

Date of Filing: 10/06/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on November 16, 2021
at 05:45 P.M.



ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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