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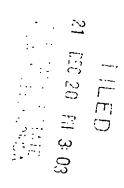
(Reque	estor's Name)			
(Address)				
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PICK-UP	WAIT MA	AIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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T. LEMIEUX

### **COVER LETTER**

Registration Section

TO:

Div	rision of Corporations				
CUDIECT.	NewPath365 LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Existence, an	d "Application by Foreign Limited Liability Cond check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this matter to	the following:			
	Jonathan Landsman				
		Name of Person			
Firm/Company					
	4327 S Hwy 27 #615				
		Address			
	Clermont, FL 34711				
	Ci	ty/State and Zip Code			
	support@naturalhealth365.com				
	E-mail address: (to be	used for future annual report notification)			
For further i	nformation concerning this matter, please cal	l:			
Jor	nathan Landsman	316 510-2204 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Re Di P.0	egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Ple	closed is a check for the following amount: ease make check payable to: FLORIDA DEP \$125.00 Filing Fee	2 & S155.00 Filing Fee & S160.00 Filing Fee, Certificate			

## 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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	Liability Company," "L.L.C," or "L	
Wyoming		86-3977868		
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)		
Janaury 1, 2022				
	(Date first transacted business in Florida, if prior to t (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty liability)		
4327 S Hwy 27 #615		6. (Mailing Address)	. <u>.</u>	
·				
Clermont, FL 34711		Clermont, FL 34711		
N. J. Constitution		NOT acceptable)		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	21	
	ss of Florida registered agent: (P.O. Box  Crystal Cashwell	NOT acceptable)	21 EEC	
Name:		NOT acceptable)	1 BEC 20	
	Crystal Cashwell		- EC	

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: Title or Capacity: Name and Address: Jonathan Landsman **■**Manager □Manager Name: \_\_\_\_\_ 3460 Capland Avenue ☐ Member □Member Address: Clermont, FL 34711 □ Authorized ☐ Authorized

Person		Person	
□Other	Other	Other	□Other
■Manager  □Member  □Authorized  Person	Name:	_ ☐ Member _ ☐ Authorized	Name:
Other	Other_	Other	□Other
■ Manager  □ Member  □ Authorized	Name: Nicholas A DiMartino  Address: 6690 Hauser Rd F202  Macungie, PA 18062	_ □ Member □ Authorized	Name:Address:
Person		_ Person	

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.

□Other

Other

Other

- 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 Landsman

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### NewPath365 LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 20, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001006571**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of December, 2021 at 6:36 AM. This certificate is assigned ID Number 048582837.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.