

M 22000006393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

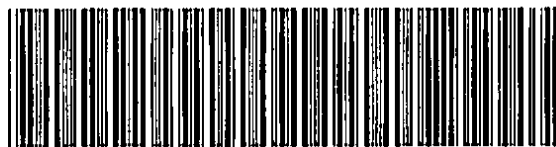
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600385526956

04/18/22 10:00 AM \$100.00

FILED  
APR 13 PM 4:53  
2022

S. HAWKES



Toll-Free: 1.888.449.2638



Direct: 1.805.449.2638

Email: [info@CorpNet.com](mailto:info@CorpNet.com)



[www.CorpNet.com](http://www.CorpNet.com)



April 8, 2022

Registration Section  
Division of Corporations  
2415 N. Monroe St., Suite 810  
Tallahassee, FL 32303

RE: BLACK ROCK NUTRACEUTICALS LLC

To whom it may concern:

The Enclosed Application by Foreign LLC and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of **\$155.00** made payable to the FL Dept of State. For information in regards to this filing, please contact me at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

**Amanda J. Beren, Sr. Document Analyst**  
CorpNet, Incorporated  
888-449-2638 Ext. 105  
[filings@corpnet.com](mailto:filings@corpnet.com)



**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. BLACK ROCK NUTRACEUTICALS 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. Nevada  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 1504 Augusta Dr  
(Street Address of Principal Office)

Savannah, TX 76227-7855

6. 1504 Augusta Dr  
(Mailing Address)

Savannah, TX 76227-7855

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N Ste 300

St. Petersburg, Florida 33702  
(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: Brandon Hart

☒ Member Address: 2627 Red Fern Dr

☐ Authorized Dover, FL 33527

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Mara Naber Custodial Trust Account for Mara Naber

☒ Member Address: PO Box 173859

☐ Authorized Denver, CO 80217

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Jerry Jerstad Pension Trust Company FBO Jerry Jerstad

☒ Member Address: 1560 Broadway St. Suite 400

☐ Authorized Denver, CO 80202

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager Name: Steven M. Kalman

☐ Member Address: 6755 E Pinnacle Vista Dr

☐ Authorized Scottsdale, AZ 85266

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Jerry Jones Pensco Trust Custodial Account For Jerry Jones

☒ Member Address: PO Box 173859

☐ Authorized Denver, CO 80217

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Susan Ashby MN Ashby Living Trust U/A/D

☒ Member Address: 260 Monte Vista Ridge

☐ Authorized Orinda, CA 94563

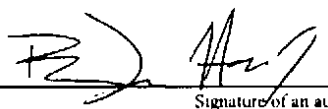
Person \_\_\_\_\_

☐ 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

Brandon Hart

\_\_\_\_\_  
Typed or printed name of signer

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLACK ROCK NUTRACEUTICALS LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/06/2014, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/27/2022.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202201272343259

You may verify this certificate  
online at <http://www.nvsos.gov>