

M22000013658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

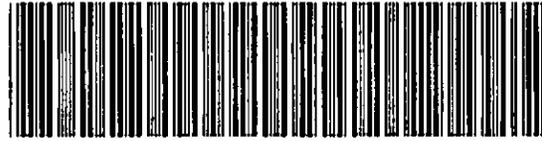
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
SEP - 1 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Avisa Nutrition 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:

Shari Rosenberg  
Name of Person  
Avisa Nutrition LLC  
Firm/Company  
6550 Main St Unit 1445  
Address  
New Port Richey, FL 34656  
City State and Zip Code  
shari@avisanutrition.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shari Rosenberg at (727) 848-2273  
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. Avisa Nutrition 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-1274245 (FEL number, if applicable)

4. 17 March 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7700 Massachusetts Ave (Street Address of Principal Officer)
New Port Richey, FL 34653
6. 6550 Main St (Mailing Address)
Unit 1445
New Port Richey, FL 34656

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

Name: Haider A Khan MD

Office Address: 7700 Massachusetts Ave

New Port Richey, Florida 34653
(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)

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STATE OF FLORIDA

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: Haider A Khan MD  
 Member                      Address: 7700 Massachusetts Ave  
 Authorized                      New Port Richey, FL 34653  
Person \_\_\_\_\_  
 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: Salia Haider Khan  
 Member                      Address: 7700 Massachusetts Ave  
 Authorized                      New Port Richey, FL 34653  
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

Haider A Khan MD

Typed or printed name of signer

# Delaware

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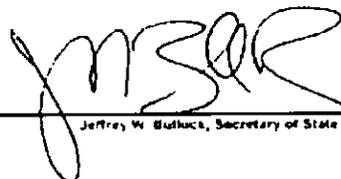
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVISA NUTRITION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVISA NUTRITION LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



  
Jeffrey W. Bullock, Secretary of State

6655035 8300

SR# 20223303543

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204196573

Date: 08-18-22