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COVER LETTER

TO:

Registration Section

	e of Limited Liability Company				
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi			
	Il correspondence concerning this matter to				
	Denisse Alvarez				
		Name of Person	•		
	Intra-Sana Laboratories LLC				
		Firm/Company			
	7455 Arroyo Crossign Sutic 220				
		Address			
Las Vegas, NV 89113					
City/State and Zip Code					
	denisse.alvarez@intrasanalaboratories.co	oin	- 취존 - 취존		
	E-mail address: (to be	used for future annual report notification)	, ₁ 25 123 134		
ther info	ormation concerning this matter, please ca	11:	[6]; [6]:-1		
Denis	se Alvarez	833 336-7837 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number	•		
Regis	ng Address: stration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Intra-Sana Laboratories	LLC Limited Liability Company; must include "Limite	ed Liability Co	omnany ""I.I. ("or "(I(")		_
(,			with the second second second		
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The alte	rnate name must include "Limited Liability Compa	ny," "L.L.C," or	"LI.C.")
Delaware 2.			5-1529900 (FE) number. If applicab		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
04/01/2021					
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty hab	ility)		
7455 Arroyo Crossing Suite 220 Street Address of Principal Office)			55 Arroyo Crossing Suite 220		
Street Address of Principal Office)			(Mailing Address)		_
Las Vegas, NV 8911	3	La	s Vegas, NV 89113		
				÷.:.	2022
. Name and street address	ss of Florida registered agent: (P.O. Box	 . <u>NOT</u> acc	eptable)		0CT 114
Name:	InCorp Services, Inc.			70 X 514	P X 3:
Office Address:	17888 67th Court North);n	52
	Loxahatchee, FL		33470 Florida		
	(Cny)		(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.

Joanna Fernandez on behalf of InCorp Services, Inc.

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:
□Manager	Name:	□Manager	Name: James Harris
■Member	Address: 4318 Woodwell St, Unit D	■Member	Address: 648 Mulford Road
□Authorized	Las Vegas, NV 89147	□Authorized	Wyncote, PA 19095
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Mehdi Ansarinia	□Manager	Name: Edward Kessig
■Member	Address: 8916 Diamond Falls Dr.	■Member	Address: 7 Scenic Way
□Authorized	Las Vegas, NV 89117	□Authorized	Middletown, NJ 07748
Person		Person	2022
□Other		Other	
□Manager	Name:	□Manager	Name: $\frac{7}{3}$ $\frac{8}{3}$ $\frac{7}{3}$ $\frac{1}{3}$
□Member	Address:	□Member	Address: 57 05
□Authorized		□Authorized	
Person		Person	
□Other	□Other	Other	Other

<u>Important Notice</u>: 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

James Fares

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTRA-SANA LABORATORIES 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 TWELFTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTRA-SANA LABORATORIES LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2020.

Authentication: 204603021

Date: 10-12-22



3773 Howard Hughes Parkway Suite 500S Las Vegas, NV 89169-6014

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

July 29, 2021

Corporations Division
Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at

17888 67th Court North, Loxahatchee, FL 33470 herein consents to act as Registered Agent for

Intra-Sana Laboratories LLC

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

Isabel Burgos on behalf of InCorp Services, Inc.



August 30, 2021

DENISSE ALVAREZ INTRA-SANA LABORATORIES LLC 7455 ARROYO CROSSIGN SUITE 220 LAS VEGAS, NV 89113

SUBJECT: INTRA-SANA LABORATORIES LLC

Ref. Number: W21000118498

We have received your document for INTRA-SANA LABORATORIES LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 421A00020877

Mel Solomon
Senior Section Administrator

www.sunbiz.org