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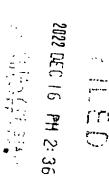
(Requestor's Name)	
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GEC 16 2022 M. SOLOMON

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 of Foreign	Limited Liability Company; must include "Limited	Liability Comp	pany," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternat	e name must include "Limited Liability C	ompany," "L.L.C," or "LLC.")	
Georgia		_			
(Jurisdiction under the law of which foreign limited liability company is organized)		3	(FEI number, if app	if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) e penalty liability	1)		
1802 Abbey Court		1802	Abbey Court		
treet Address of Principal Office)		6	(Mailing Address)		
Alpharetta, GA 30004		Alph	aretta, GA 30004		
				23	
					
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	able))	
				<u>∂</u> 5	
Name:	Registered Agents Inc			3.5 3	
ivanic.			-	C)	
Office Address:	7901 4th St N., Ste 300		_	. ; ω	
	St. Petersburg		33702	σ,	
	(City)		_, Florida		
•	• ••		· · ·		

(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: Name and Address: Title or Capacity: Name: Abby Johnson □ Manager □ Manager Address: _ 1802 Abbey Court **■**Member ☐ Member Address: Alpharetta, GA 30004 □ Authorized □ Authorized Person Person □ Other ☐ Other ☐ Other____ ☐ Other___ □ Manager Name: ☐Manager Name: □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person ☐ Other ☐ Other □Other □ Other ☐ Manager Name: ____ □Manager Name: ☐ Member Address: ☐ Member Address: _ ☐ Authorized □ Authorized Person Person □Other____ Other □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Abby Johnson

.

Control Number: 18100939

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Harmony Nutrition LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 24043810 Date Inc/Auth/Filed: 08/11/2018 Jurisdiction : Georgia Print Date : 11/14/2022

Form Number : 211



Brad Raffrages

Brad Raffensperger Secretary of State





Toll-Free: 1.888.449.2638



Direct: 1.805.449.2638

Email: info@CorpNet.com



www.CorpNet.com

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November 15, 2022

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

RE: Harmony Nutrition 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





December 8, 2022

CORPNET, INCORPORATED C/O AMANDA J. BEREN 31416 AGOURA RD. STE. 118 WESTLAKE VILLAGE, CA 91361

SUBJECT: HARMONY NUTRITION LLC

Ref. Number: W22000151302

We have received your document for HARMONY NUTRITION LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Paperwork is too dark for scanning.

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

Mel Solomon Senior Section Administrator

Letter Number: 222A00027293

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