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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vrstaxes@vrshealth.com

Foreign Limited Liability Company PRN PHYSICIAN RECOMMENDED NUTRICEUTICALS, LLC

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Help

S. ROBERTS

IAN - 9 2023

1/1

To:

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

IN COMPLIANCE WITH SECTION 6050/02, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Ho	iida. Die alternote	name most include "I mitted Unbild	is Company (1.1.1.) e	- " (
Delaware		61-1	741017			
(Hurisdiction ieider the law of which foreign hanted hability company is organized)		J	3			
Upon Filling						
	(Date first transacted besiness in Florida of prior to re (See sections 005 690) & 605 0605, F.S. to determine	e penalty hability)				
960 Harvest Drive		960 Harvest Drive				
reet Address of Principal Office)		n	Caling Address)		_	
Building B, Suite 205	Suite 205 Building B. Suite 205					
Blue Bell, PA 19422		Blue I	Blue Bell, PA 19422		2	
Name and street addres	is of Florida registered agent: (P.O. Box)	<u>NOF</u> accepta	ble)	20/23 JAH	ここう	
Name:	C.T Corporation System			7	4 9:	
Office Address:	1200 South Pine Island Road			:"	29	
	Plantation		33324 , Florida			
	(City)		, Florida (Zip code)	-		

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.

Bv:	CTT Corporation System SEAN L. EMERICK, ASSISTANT SECRETARY	San Chumb
<u></u>	(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: Edwin Gillin		Name: Wade Richardson
□Member	Address:	□Member	Address: 960 Harvest Drive
□Authorized	Building B. Suite 205	□ Authorized	Building B, Suite 205
Person	Blue Bell, PA 19422	Person	Blue Bell, PA 19422
∃Other	□ Other	Other	□Other
∃Manager	Name: Scott Woodruff	∏Manager	Name:
□Member	Address: 960 Harvest Drive	□Member	Address:
□Authorized	Building B. Suite 205	☐ Authorized	
Person	Blue Bell, PA 19422	Person	
□()ther		□ Other	Other
⊒Manager	Name:	∏Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		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 filling 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 translation 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.

/s/ Wad	e Richardson
	Signature of an authorized person
Wade Richardson, Manager	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRN PHYSICIAN RECOMMENDED

NUTRICEUTICALS, 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 FIFTH DAY OF JANUARY,

A.D. 2023.

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

a Coth Colawate Sox/ant

Authentication: 202430998

Date: 01-05-23