

M23000004578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

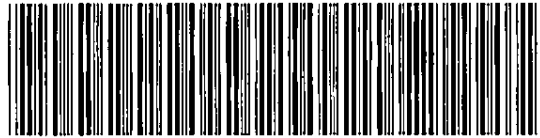
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000034499

Office Use Only



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02/17/23--01017--026 \*\*130.00

2023 APR -7 AM 9:55

APPROVED  
FILED

APR 08 2023

K. Brumby



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2023

MELANIE MARTINEZ  
1800 MOTOR PARKWAY  
ISLANDIA, NY 11749

SUBJECT: WHITSONS NUTRITION, LLC  
Ref. Number: W23000034499

We have received your document for WHITSONS NUTRITION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 823A00005836

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Whitsons 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:

**Melanie Martinez, Corporate Paralegal**

\_\_\_\_\_  
Name of Person

**Whitsons Nutrition, LLC**

\_\_\_\_\_  
Firm/Company

**1800 Motor Parkway**

\_\_\_\_\_  
Address

**Islandia, NY 11749**

\_\_\_\_\_  
City/State and Zip Code

**martinezm@whitsons.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Melanie Martinez**

\_\_\_\_\_  
Name of Contact Person

at ( **631** )

Area Code

**750-4366**

\_\_\_\_\_  
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. Whitsons 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. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 1800 Motor Parkway  
(Street Address of Principal Office)

6. 1800 Motor Parkway  
(Mailing Address)

Islandia, NY 11749

Islandia, NY 11749

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

2023 APR -7 AM 9:55

APPROVED  
FILED

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.

Corporation Service Company

By: Steph Albertini  
(Registered agent's signature)

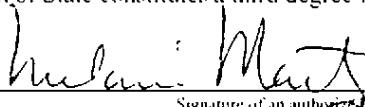
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Paul Whitcomb</u>	<input type="checkbox"/> Manager	Name: <u>Beth Bunster</u>
<input type="checkbox"/> Member	Address: <u>1800 Motor Parkway</u>	<input type="checkbox"/> Member	Address: <u>1800 Motor Parkway</u>
<input type="checkbox"/> Authorized Person	<u>Islandia, NY 11749</u>	<input type="checkbox"/> Authorized Person	<u>Islandia, NY 11749</u>
<input checked="" type="checkbox"/> Other	<u>President &amp; CEO</u>	<input checked="" type="checkbox"/> Other	<u>CFO</u>
<input type="checkbox"/> Manager	Name: <u>Kelly Friend</u>	<input type="checkbox"/> Manager	Name: <u>Greg Robbins</u>
<input type="checkbox"/> Member	Address: <u>1800 Motor Parkway</u>	<input type="checkbox"/> Member	Address: <u>1800 Motor Parkway</u>
<input type="checkbox"/> Authorized Person	<u>Islandia, NY 11749</u>	<input type="checkbox"/> Authorized Person	<u>Islandia, NY 11749</u>
<input checked="" type="checkbox"/> Other	<u>COO</u>	<input checked="" type="checkbox"/> Other	<u>Sr. VP &amp; General Counsel</u>
<input type="checkbox"/> Manager	Name: <u>Vincent L. Orsillo, Jr.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1800 Motor Parkway</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Islandia, NY 11749</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other	<u>Sr. Vice President</u>	<input type="checkbox"/> 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

Melanie Martinez

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** WHITSON'S NUTRITION, LLC  
**DOS ID Number:** 6265068  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 08/24/2021  
  
**Statement Status:** CURRENT  
**Statement Due Date:** 08/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on January 27, 2023 at 01:30 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State