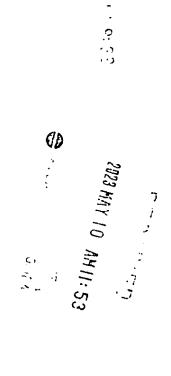
# M23000006144

(Requestor's Name)	
(Address)	
· · ·	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
<u> </u>	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	

Office Use Only



200408406862



S. ROBERTS
MAY 1 1 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 670657 7331009
AUTHORIZATION CHIEBOLE MAN
COST LIMIT : \$-125.00
ORDER DATE : April 12, 2023
ORDER TIME : 10:45 AM
ORDER NO. : 670657-125
CUSTOMER NO: 7331009
FOREIGN FILINGS
NAME: NEW ECONOMY MARKETING OPPORTUNITIES, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

And the second second

TO: Registration Section

JECT: Name of Limited Liability Company						
				zation to Transact Business in Florida," ited liability company to transact busing		
return all co	rrespondence c	oncerning this matter to	o the following:			
_			Name of Person			
-			Firm/Company			
_			Address			
_		C	ity/State and Zip Cod	e		
_		E-mail address: (to be	used for future annu	al report notification)		
rther informa	tion concerning	this matter, please cal	1:			
	Name of	Contact Person	at (at (	Daytime Telephone Number		
Division of Registration P.O. Box	G ADDRESS: f Corporations on Section	00,1400	7.1104 004	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
		e following amount: le to: FLORIDA DEP	ARTMENT OF STA			

# 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:

New Economy Marke	eting Opportunities, LLC			
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Con	ppany," "L.L.C.," or "Ll.C.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	onda. The alternate	name must include "Limited Liability Compan	y," "L.L.C," or "LLC."
TX		92-	-0810239	
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(Ft!l number, if applicat	nle)
4				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liabilit	*)	
1410 Lakeside Pkwy	Suite 200	141	0 Lakeside Pkwy, Suite 200	
(Street Address of I	Incipal Office)	6. (Mailing Address)		
Flower Mound, TX 7	5028	Flor	wer, Mound, TX 75028	20?
				2
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	table)	:
				٠ <u>٠</u>
Name:	Corporation Service Company		_	(3) (0)
Office Address:	1201 Hays Street			
	Tallahassee		32301	
	(City)		, Florida (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.

Corporation Service Company

(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: Mannatech, Incorporated Manager Manager Name: \_\_\_\_\_\_ Address: 1410 Lakeside Pkwy Suite 200 ✓ Member Member Address: Authorized Authorized Flower Mound, TX 75028 Person Person Other\_\_\_\_ Other\_\_\_\_ Other Other Manager Manager Member Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other \_\_\_Other\_\_\_\_ Other Manager Manager Name: Member Member Address: 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. Ronald Dale Norman

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



# Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for New Economy Marketing Opportunities, LLC (file number 804750566), a Domestic Limited Liability Company (LLC), was filed in this office on September 27, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 09, 2023.



Phone: (512) 463-5555

gave Helson

Jane Nelson Secretary of State