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| XX | CERTIFIED COPY | | | |
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| l . | GENERATION NUTRA LLC (CORPORATE NAME AND DOCUMENT #) | | | |
| 2. | (CORPORATE NAME AND DOCUMENT #) | | - | |
| 3. | (CORPORATE NAME AND DOCUMENT #) | | | |
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| | (CORPORATE NAME AND DOCUMENT #) | | | |
| | (CORPORATE NAME AND DOCUMENT #) | | | |
| PECIAI NSTRU | CTIONS: | - | | |

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 "Limit | ed Liability Co | mpany," "L.L.C.," or "LEC.") | | |
|---|---|--------------------|------------------------------------|---------------------------|-------------------|
| (li name unavailable, enter alternate | name adopted for the purpose of transacting business in | Florida, The alter | nate name must include "Limited Li | ability Company," "L.L.C. | " or "L1.C.") |
| New York | hich foreign limited liability company is organized) | 3 | | er, if applicable) | - |
| 4 | (Date first transacted husiness in Florida, if proc.) | o registration) | <u>.</u> | | |
| 9142 Crestview circle 5. (Street Address of Principal Office) | (Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to detern | | (Mailing Address) | | |
| Palm Beach Gardens, 1 | FL 33412 | Pal | lm Beach Gardens, FL 33 | | - |
| | | | | 2023 1744 | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Bo | x <u>NOT</u> acce | eptable) | JUL 21 | F _E A: |
| Name: | CHRISTOPHER THEOHARIDES | | | AH I | |
| Office Address: | 9142 Crestview Circle | - | _ <u>_</u> | 2 7 | |
| | Palm Beach Gardens (City) | | 33412 , Florida | | |

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.



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 and Address: | Title or Capacity: | | Name and Address: |
|--------------------|--------------------------------|--------------------|-------------|-------------------|
| □Manager | Name: | □Manager | Name: | <u> </u> |
| ■Member | Address: 9142 Crestview circle | □Member | Address: | |
| □Authorized | Palm Beach Gardens, FL 33412 | □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 | | □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.

| × | Christopher | Theoharides | |
|------|---------------------|-----------------------------------|-------------|
| | | Signature of an authorized person | |
| Chri | stopher Theoharides | | |
| | | Typed or printed name of signee | |

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:

GENERATION NUTRA LLC

DOS ID Number:

5278315

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

02/01/2018

Statement Status:

CURRENT

Statement Due Date:

02/29/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

ARTICLES OF ORGANIZATION

Date of Filing:

02/01/2018

Entity Name:

GENERATION NUTRA LLC

Document Type:

BIENNIAL STATEMENT

Date of Filing:

07/11/2023

Effective Date:

02/01/2022

Above space is left blank intentionally.

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



WITNESS my hand and official scal of the Department of State, at the City of Albany, on July 20, 2023 at 04:44 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes
Executive Deputy Secretary of State

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