

7/25/23, 1:32 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

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

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**Foreign Limited Liability Company
OJA WELLNESS FOODS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OJA WELLNESS FOODS 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:

Cheyenne Moseley

Name of Person

LegalZoom.com, Inc.

Firm Company

101 N Brand Blvd 11th Fl

Address

Glenendale, CA 91303

City/State and Zip Code

olusoneo@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley 800 773-0888
at ()
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. OJA WELLNESS FOODS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

92-1544981

3. (Jurisdiction under the law of which foreign limited liability company is organized)

(FBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 12181 Downy Birch Drive6. 12181 Downy Birch Drive

(Street Address of Principal Office)

(Mailing Address)

7. Riverview, FL 33569

Riverview, FL 33569

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: UNITED STATES CORPORATION AGENTS, INC.

UNITED STATES CORPORATION AGENTS, INC.

Office Address: 476 Riverside Ave.

476 Riverside Ave.

Jacksonville

32202

(City)

, Florida

(Zip code)

2023 JUL 25 PM 4:22
SIC: 7211-9999
STATE OF FLORIDA
TALLAHASSEE, FL**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.*CHEYENNE MOSELEY, ASSISTANT SECRETARY,
UNITED STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

FILED

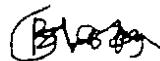
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Olusope Otuyelu	<input type="checkbox"/> Manager	Name: Mobolaji Otuyelu
<input checked="" type="checkbox"/> Member	Address: 12181 Downy Birch Drive	<input checked="" type="checkbox"/> Member	Address: 12181 Downy Birch Drive
<input type="checkbox"/> Authorized	Riverview, FL 33569	<input type="checkbox"/> Authorized	Riverview, FL 33569
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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

Olusope Otuyelu

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OJA WELLNESS FOODS 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 TWENTY-FOURTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OJA WELLNESS FOODS LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2022.

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



7184817 8300

SR# 20233067266

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 203810652

Date: 07-24-23