



Secretary of State

LLC-5

## Application to Register a Foreign Limited Liability Company (LLC)

202104310071

**FILED**  
 Secretary of State  
 State of California

JAN 19 2021

**IMPORTANT — Read Instructions before completing this form.**

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

**Filing Fee** — \$70.00

**Copy Fees** — First page \$1.00; each attachment page \$0.50;  
 Certification Fee — \$5.00

*Note:* Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

IPC This Space For Office Use Only

**1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

HEALTHY SCHOOL SUPPLY, LLC

**1b. California Alternate Name, If Required** (See Instructions — Only enter an alternate name if the LLC name in 1a not available in California.)**2. LLC History** (See Instructions — Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)**a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)**

7 / 9 / 2020

**b. Jurisdiction** (State, foreign country or place where this LLC is formed.)

DELAWARE

**c. Authority Statement** (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

**3. Business Addresses** (Enter the **complete** business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

<b>a. Street Address of Principal Executive Office - Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
2093A PHILADELPHIA PIKE SUITE 148	CLAYMONT	DE	19703
<b>b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
		CA	
<b>c. Mailing Address of Principal Executive Office, if different than Item 3a</b>	City (no abbreviations)	State	Zip Code

**4. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** — Complete Items 4a and 4b only. Must include agent's full name and California street address.

<b>a. California Agent's First Name</b> (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
<b>b. Street Address</b> (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
		CA	

**CORPORATION** — Complete Item 4c only. Only include the name of the registered agent Corporation.

**c. California Registered Corporate Agent's Name** (if agent is a corporation) — Do not complete Item 4a or 4b

Incorp Services, Inc

**5. Read and Sign Below** (See Instructions. Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Brian Reynolds

Signature

BRIAN E. REYNOLDS

Type or Print Name

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHY SCHOOL SUPPLY, 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 FOURTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHY SCHOOL SUPPLY, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2020.



3218840 8300

SR# 20210005954

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202211215

Date: 01-04-21

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