State



Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)



LLC-5

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

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$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.fib.ca.gov/.

For Office Use Only

-FILED-

File No.: 202465014473 Date Filed: 12/18/2024

https://www.fib.ca.gov/.		This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attack	ched Certificate of Go	ood Standing.)			
Neurish Foods LLC		······································			
1b. California Alternate Name, If Required (Only enter an alter	mate name if the LLC	name in ta not available	in California)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	ed Certificate of Good	d Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	•			 .	
Dela	aware				
b. Authority Statement (Do not after Authority Statement)					
This ŁLC currently has powers and privileges to conduct bus	iness in the state	, foreign country or p	lace enter	ed in Ite	em 2a.
3. Business Addresses (Enter the complete business addresses.	items 3a and 3b can	not be a P.O. Box or "in ca	re of an ind	ividual or	entrty.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevia			Zip Code	
1401 21st Street #11258	Sacramento	acramento		95811	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	x City (no abbrevia	ity (no abbreviations)		Zip Code	
1401 21st Street #11258	Sacramento	Sacramento		95811	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3a [✔]3b				
d. Mailing Address - if different than item 3a or 3b	City (no abbrevial	bbreviations)		Zip Code	
	<u> </u>		<u> </u>		
4. Service of Process (Must provide either Individual OR Corporatio					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	-, · ·				
a. Califomia Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
o. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevial	City (no abbreviations)		Zip Cod	de
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Co	proporation.			
California Registered Corporate Agent's Name (if agent is a corporation) - Do n	ot complete item 4a c	r 4b		<u> </u>	
egistered Agents Inc	•				
Read and Sign Below (Title not required.)					
y signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	n herein is true a	nd correct and that I	am autho	rized to	sign
55:1	David Al	parbanel			

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEURISH 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 TENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEURISH FOODS LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2024.

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



Authentication: 205086470

Date: 12-10-24