

LLC-5 **Secretary of State** Application to Register a Foreign Limited Liability Company (LLC)

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

Processing Fee: \$0 - The processing fee is waived for submissi submitted July 1, 2022 - June 30, 2023.

Certification Fee (Optional) - \$5.00

For Office Use Only

-FILED-

File No.: 202465017692 Date Filed: 12/24/2024

remains due and is not subject to the processing fee waiver. For more information, go to ftb.ca.gov.			This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on	your attache	d Certificate of Go	ood Standing.)	·		
Naturion West, LLC		· · · · · · · · · · · · · · · · · · ·		· · · · · ·		
		<u> </u>	7.0°C (····
1b. California Alternate Name, If Required (Only ente	er an alterna	te name if the LLC	name in 1a not available in	California.)	
	•					
2. LLC History (Ensure that the formation date and jurisdicti	on match the	attached Certific	ate of Good Standing.)			
a. Date LLC was formed in home Jurisdiction (MM/DD/YYYY)	b. Jurisdi	ction (State, fore	gn country or place where t	his LLC is fo	rmed.)	
11 / 25 / 2024	<u> </u>	Delaware				
c. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to cond	luct busine	ess in the state	e, foreign country or pla	ace enter	ed in Ite	em 2b
Business Addresses (Enter the complete business ac	dresses. Ite	ms 3a and 3b car	not be a P.O. Box or "in car	e of" an ind	ividual or	entity.
Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Code	
8 Southwoods Center		Columbia		IL	62236	
Street Address of Principal Office in California, If any - Do not enter a P.O. Box		City (no abbreviations)		State CA	Zip Code	
Mailing Address of Principal Executive Office, If different than item 3a		City (no abbreviations)		State	Zip Code	
Service of Process (Must provide either Individual OR (Corporation.))	<u> </u>	<u> </u>	<u> </u>	
INDIVIDUAL Complete Items 4a and 4b only. Must include	agent's-full-r	name and Californ	ia street address:			
. California Agent's First Name (if agent is not a corporation)		Middle Name	Last Name		Suff	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Bo		City (no abbrevia	tions)	State	Zip Code	
CORPORATION - Complete Item 4c only. Only include the n	ame of the r	egistered agent C	orporation.			
California Registered Corporate Agent's Name (if agent is a corporate	tion) – Do not	complete Item 4a	or 4b			
CT Corporation System						
i. Read and Sign Below (Title not required.)						
• • • • • • • • • • • • • • • • • • • •	formation	harain ia trua :	and correct and that I		riand 6-	
By signing, I affirm under penalty of perjury that the in on behalf of the foreign LLC.	ionnation	nerem is mue :	and correct and that is	arn authol	ized (O	sign
Michelle Walls Michelle Walls						
Signature		Type	or Print Name			

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

DELAWARE, DO HEREBY CERTIFY "NATURION WEST, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2024.

Authentication: 205176074

Date: 12-18-24