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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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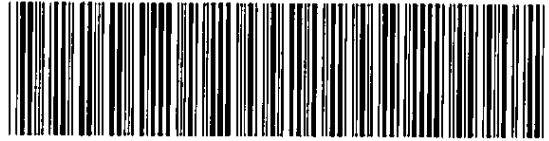
(Business Entity Name)

(Document Number)

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JUN 10 2024

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 10 PM 4:57

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, F.S., I HEREBY STATE THAT THE FOLLOWING IS SUBMITTED FOR
REGISTRATION A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Dietary Solutions, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"LTD.," "CO.," "Corp.," "Inc.," "Co." or "Corp.")

If the name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida:

Ohio

(State or country under the law of which it is incorporated)

311454824

(EIT number, if applicable)

02/02/1996

(Date of incorporation)

(Date of duration, if other than perpetual)

06/03/2024

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607, F.S. & 607.1502, F.S., to determine penalty liability.)

4684 Natalie Rose way, Columbus, OH 43235

(Principal office street address)

14611 Southern Blvd, Suite 1098, Loxahatchee, FL 33470

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Ashwin Lakhi**

Office Address: **4800 Estates Circle**

Westlake, FL 33470

(City)

Florida

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial and true purposes, list names of all persons who are the principal officers and directors of the corporation:

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ADDITIONAL FORMS

Name: **Kamini Lakhi**
 Address: **5684 Natalie Rose Way**
Columbus, OH 43235

☒ Director

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Name: **Ashwin Lakhi**
 Address: **4800 Estates Circle**
Westlake, FL 33470

☐ Director

☒ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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.

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K Lakhi

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he/she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.35, F.S.

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Kamini Lakhi

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities, that said records show DIETARY SOLUTIONS, INC., an Ohio corporation, Charter No. 931158, having its principal location in Westerville, County of Franklin, was incorporated on February 2, 1996 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 25th day of April, A.D. 2024.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202411601496