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MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU CORPORATIONS DIVISION

APPLICATION TO REGISTER A LIMITED LIABILITY PARTNERSHIP

This application shall be open to inspection by the public

Pursuant to the provisions of Act 72, Public Acts of 1917, as amended, the undersigned execute the following and will operate as a Limited Liability Partnership

1. The name and principal office address of the partnership is:

Whole Balance Nutrition LLP
865 Whitney Drive, Ste B
Lapeer, MI 48446

Note: the name must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P.", or "LLP" at the end of the name.

2. A brief statement of the business of the partnership:

Nutrition coaching

3. TO BE COMPLETED BY FOREIGN LIMITED LIABILITY PARTNERSHIPS ONLY

a. Home state of partnership if located outside Michigan: _____

b. Name of registered agent to receive service of process in Michigan: _____

c. Address of the registered office in Michigan:

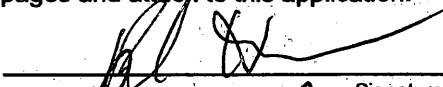
_____, Michigan _____
(Street Address) (City) (ZIP Code)

4. Federal Employer Identification Number if available:

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5. AUTHORIZING SIGNATURES. This application has been executed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners. If there are more than two signatures, use additional pages and attach to this application.

Social Security Number (optional)


Signature

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Signature

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Date Received

\$100
J-2862

FOR BUREAU USE ONLY

FILED

SEP 27 2023

ADMINISTRATOR
CORPORATIONS DIVISION

This registration expires one year from the "filed" date.

JK