

January 2, 2025

To whom it may concern:

Via Natura Organics, LLC outsourced manufacturing of its products to third-party manufacturing companies at Via Natura Organics specifications and formulations requirements.

The Third-party manufacturers are:

1. Aqua Nutraceuticals, LLC
 - GMP Certification Number: C0641454-HSCDS-3
 - FDA Registration Number: 15711847728
2. EVI Labs
 - GMP Certification Number: 05152024_1
 - FDA Registration Number: 16637758932

The products manufactured by the above mentioned manufacturers are:

- Ashwagandha capsules
- Milk Thistle capsules
- Maca capsules
- Apple Cider Vinegar capsules
- Collagen capsules
- Turmeric & Ginger capsules
- Turmeric Curcumin & Pepper
- Omega 3 softgels
- DHEA capsules
- Magnesium Glycinate tables
- CoQ10 Capsules

Sincerely

Ninfa Farina

Ninfa Farina

Via Natura Organics



Certificate of Conformity

Print Date

April 30, 2024

Certification Number

C0641454-HSCDS-3

Initial Certification

March 02, 2022

Expiration Date

April 26, 2025

NSF International has assessed and confirmed compliance of

Aqua Nutraceuticals LLC

Facility: 100 West 24th Street, Hialeah, FL, 33010, United States

Scope: NSF/ANSI 455-2 - 2021

which includes 21CFR Part 111, 21 CFR Part 117, 21 CFR Part 11,
21 CFR Part 1.5 Subpart L & 21 CFR Part 1.9 Subpart O

Product Technologies:

Bulk Packaging, Encapsulation, Mixing, Primary Packaging,
Secondary Packaging, Tablet Compression, Packaging/Labeling
Operations, Quality Operations, Warehousing

Product Categories:

Capsule, Powder, Soft Gel, Tablet

Signed on behalf of
NSF International

David Trosin
Senior Director Global Certification,
Health Sciences



NSF International

789 N. Dixboro Road, Ann Arbor, MI 48105 USA

This certificate is the property of NSF International and must be returned upon request.
For the most current and complete information, please access NSF's website (nsf.org).



GMP CERTIFIED
NSF/ANSI 455-2
Dietary Supplements



Certificate of Registration 2025

This is to certify that

AQUA NUTRACEUTICALS LLC

100 W 24TH ST, HIALEAH,
FLORIDA, USA - 33010

is registered with U.S. Food and Drug Administration as required by 21 CFR Part 1, Subpart H, and the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. The registration is verified and valid on the date hereof.

U.S. FDA Registration Number : 15711847728

Date of Registration : November 05, 2018

Registration Verified By : LIBERTY MANAGEMENT GROUP LTD.

Certificate Number : 15711847728

Certificate Expiry Date : December 31, 2026

Food Products Listed :

DIETARY SUPPLEMENTS

This certificate is valid until the certificate expiry date unless the registration is canceled after the certificate issuance. This certificate does not make representations or warranties to any person or entity other than the named certificate holder; it is issued for record-keeping purposes only. This certificate does not denote endorsement or approval of the certificate holder's facility or product by the U.S. Food and Drug Administration. Liberty Management Group Ltd. assumes no liability to any person or entity in connection with the foregoing.

The U.S. Food and Drug Administration does not issue a certificate of registration, nor does the U.S. Food and Drug Administration recognize a certificate of registration. Liberty Management Group Ltd. is not affiliated with the U.S. Food and Drug Administration.

LMG LIBERTY
MANAGEMENT
GROUP LTD.

75 Executive Drive, Aurora, Illinois, USA
www.fdahelp.us



Manoj Zacharias

Manoj Zacharias

President

Liberty Management Group LTD.

Dated: September 27, 2024



Food
Assurance

Eurofins Food Assurance

2120 Rittenhouse Street, Suite A
Des Moines, IA 50321, USA
Ph: (515)299-6979
www.eurofinsus.com/assurance/food

AUDIT DATE(S):
07/29/2024

AUDIT SCORE:
94%

EXPIRATION DATE:
07/29/2025

CERTIFICATE NUMBER:
05152024_1

*Certificate issued based on
pre-assessment. An initial
audit was also conducted on
08/06/2024-08/07/2024.
Updated certificate to follow.



Audit Recognition

This acknowledges that

EVI Labs
9110 NW 106th St.
Medley, FL 33178

has successfully completed

Eurofins GMP

A handwritten signature in black ink, appearing to read "Brian Neal", positioned above a horizontal line.

Brian Neal
Technical Manager

Credible Results. Incredible Service.™



Date:12/02/2022 9:06:13

Created Date

2021-01-22 10:51:43.0

Registration Expiration Date

2024-12-31

Last Updated

2022-12-02

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **16637758932** Pin No **f9x866Ee**

Are you the new owner of a previously registered facility?

☐ Yes ☒ No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

Evi International Group

Facility Name Suffix

Limited Liability Corporation

Facility Street Address, Line 1

9110 Nw 106th St

Facility Street Address, Line 2

City

Medley

State/Province/Territory

Florida

Zip Code (Postal Code)

33178

Country/Area

UNITED STATES

Telephone Number

001 786 3959920

Fax Number

E-Mail Address

luise@evicorporation.com

Unique Facility Identifier (UFI)

Section 3: Preferred Mailing Address Information



Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

Evi International Group

Telephone Number

001 786 3959920

Address, Line 1

9110 Nw 106th St

Fax Number

Address, Line 2

E-Mail Address

luise@evicorporation.com

City

Medley

State/Province/Territory

Florida

Zip Code (Postal Code)

33178

Country/Area

UNITED STATES

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

☒ Same as Facility Address (Section 2)

☐ Same as Preferred Mailing Address (Section 3)

☐ None of the above

Company Name

Evi International Group

Telephone Number

001 786 3959920

Company Name Suffix

Limited Liability Corporation

Fax Number

Address, Line 1

9110 Nw 106th St

E-Mail Address

luise@evicorporation.com

Address, Line 2

City

Medley

State/Province/Territory

Florida

Zip Code (Postal Code)

33178

Country/Area

UNITED STATES

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:



☒ Same as Facility Address (Section 2)

☐ None of the above

Individual's Title (Optional)

Emergency Contact Phone

001 786 3959920

Individual's Name (Optional)

E-Mail Address

luise@evicorporation.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

☐ Yes

☒ No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

Emergency Contact Phone

-N/A-

-N/A-

Middle Name (Optional)

Fax Number

-N/A-

-N/A-

Last Name (Optional)

E-Mail Address

-N/A-

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1



Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

☒ Food for Human Consumption

☐ Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
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12. DIETARY SUPPLEMENT CATEGORIES

a. Proteins, Amino Acids, Fats and Lipid Substances ^[21] CFR 170.3(o) [20]]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vitamins and Minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Animal By-Products and Extracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herbals and Botanicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH ^[21] CFR 170.3 (n) (1), (23)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

☒ Section 2 - Facility Address Information

☐ Section 3 - Preferred Mailing Address Information



☐ Section 4 - Parent Company Address Information

☐ Section 7 - US Agent Address Information

☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Luis Echeverria

Address, Line 1

9110 Nw 106th St

Address, Line 2

City

Medley

State/Province/Territory

Florida

Zip Code (Postal Code)

33178

Country/Area

UNITED STATES

Telephone Number

001 786 3959920

Fax Number

E-Mail Address

luise@evicorporation.com

Section 11: Inspection Statement

☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: Luis Echeverria

CHECK ONE BOX

☒ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

☐ B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-



FDA

U.S. FOOD & DRUG
ADMINISTRATION

CENTER FOR FOOD SAFETY & APPLIED NUTRITION

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-