



greater
miami
chamber
of commerce®



CERTIFICATE OF ORIGIN

ORIGINAL

TO VALIDATE, GO TO
VERIFY.FTGS.US

Certificate Number : **MI-COO-68112-694c084f19580**
Date : December 24, 2025

<p>Seller (Exporter) LIV ILC 1641 Fairway Rd Pembroke Pines FL USA</p> <p>Consignee Gaspari Nutrition 4198 NW 132nd St Opa Locka, FL 33054 United States</p> <p>Buyer (Importer) iHERB INC 15535 San Canyon Ave Irvine, CA 92618 United States</p>	Transport Type Road	Port of Loading MIAMI
	Destination Country United States	Destination Port IRVINE
	Export Date *****	Exporting Carrier *****
	Import Permit Number *****	Bill of Lading / AWB *****
	Owner or Agent *****	Forwarding Agent *****



Remarks

Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
Proven Creatine for Women Watermelon	450g	United States
Proven Creatine for Women Strawberry Lemonade	450g	United States
Creatine HMB Unflavored	210g	United States
Creatine HMB Strawberry Lemonade	300g	United States
=====end of products=====	=====	=====



<p>Name of Authorized Trade Association</p> <p>GREATER MIAMI CHAMBER OF COMMERCE INCORPORATED FLORIDA 1807 MIAMI *</p> <p>Authorized Signature <i>Liane Ventura</i></p>	<p>The Applicant (or the Applicant on behalf of the Consignor), by utilizing this document, certifies that:</p> <ul style="list-style-type: none"> - The above mentioned goods originate in the country(ies) specified above and comply with the rules of origin applicable in the country(ies) to those goods. - The information in this certificate and in any documents provided to the Greater Miami Chamber of Commerce ("GMCC") is accurate, true and complete. - The Applicant undertakes to advise GMCC and any other person(s) to whom the applicant provides this Certificate (or to whom the Certificate is provided to with the knowledge of the Applicant) promptly in writing of any inaccuracy, omission or change in such information, or in the origin of goods. - The Applicant will maintain, and present upon request, such documentation as is necessary to verify the truth, accuracy and completeness of this certificate and accompanying documents. - In consideration for the GMCC's issuance of this Certificate, the Applicant agrees to release, discharge and hold harmless GMCC from any liability in connection with the issuance of this certificate and to indemnify GMCC in respect of any costs and/or claims made against GMCC in connection therewith. - The Applicant is authorized to give the undertakings set out herein.
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Gaspari Nutrition
 8004 NW 154th St. #261
 Miami Lakes, FL 33016
 +17323643777
<https://gasparinutrition.com/>

Invoice



BILL TO	
IHerb Inc 15535 San Canyon Ave Irvine, CA 92618	

SHIP TO	
IHerb Inc IHerb LLC 15535 San Canyon Ave Irvine, CA 92618	

INVOICE #	DATE	TOTAL DUE	DUUE DATE	TERMS	ENCLOSED
9499	12/04/2025	\$4,141.44	01/03/2026	Net 30	

ITEM NUMBER	DESCRIPTION	QTY	RATE	AMOUNT
1001879	Creatine HMB Strawberry Lemonade 30s	48	24.99	1,199.52
1001862	Creatine HMB Unflavored 30s	48	24.99	1,199.52
1001831	Proven Creatine for Women 450g Strawberry Lemonade	48	18.15	871.20
1001824	Proven Creatine for Women 450g Watermelon	48	18.15	871.20

BALANCE DUE

\$4,141.44



Sergio Velasquez

Our Return Policy is as follows for all non-defective products:

Domestic Wholesale and Distributor customers will have 3 months from date received. International customers will have 4 months from Date Received, For Gaspari Nutrition to Replace or credit Damaged or Defective product.

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000002180

Entity Name: LIV LLC**Current Principal Place of Business:**1641 FAIRWAY RD
PEMBROKE PINES, FL 33026**Current Mailing Address:**1641 FAIRWAY RD
PEMBROKE PINES, FL 33026 US**FEI Number:** 61-1811954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SRIVASTAVA, MANOJ
1641 FAIRWAY RD
PEMBROKE PINES, FL 33026 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SRIVASTAVA, MANOJ
Address	1641 FAIRWAY RD
City-State-Zip:	PEMBROKE PINES FL 33026

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.***SIGNATURE:** MANOJ SRIVASTAVA**DIRECTOR**

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

*Liane Victoria Gossen*

MI-C00-68112-694c084f19580/December 24, 2025