## OC FORMULATION

530 Porter Way

Placentia, CA, 92870

657-275-5095

acct@ocformulation.com

Date: October 15, 2025

To Whom It May Concern,

This letter is to confirm that "OC Formulation" is a registered Doing Business As (DBA) name of Optimal Nutrition Enterprise, Inc., a California corporation in good standing.

The DBA OC Formulation was officially filed and registered in Orange County, California on October 11, 2024, and is valid for five (5) years from the date of registration, in accordance with California Business & Professions Code requirements.

Should you have any questions regarding this registration, please feel free to contact us directly.

Sincerely,

Chloe Qiu

CEO

Optimal Nutrition Enterprise, Inc.

## CITY OF PLACENTIA

401 E Chapman Placentia, CA 92870 (714)993-8230



Business Name:

OC FORMULATION

Business Location: 530 PORTER WAY

PLACENTIA, CA 92870-6400

Owner Name(s):

FENG QIU

OC FORMULATION 530 PORTER WAY PLACENTIA, CA 92870-6400

## BUSINESS LICENSE CERTIFICATE

Issuance of certificate is not an endorsement or certification of compliance with other ordinances or laws.

> **BUSINESS LICENSE NO** 930008290

Expiration Date: 12/31/2025

ORDINANCE SECTION 508460 Business Type: WHOLESALE-MANUFACTURING BUSINESS

Starting January 1, 2021, Assembly Bill 1607 requires the prevention of gender-based discrimination of business establishments. A full notice is available in English or other languages by going to: https://www.dca.ca.gov/publications/

MAIL FILED DOCUMENTS TO:  NAME OPTIMAL NU  ADDRESS 530 PORTER N  CITY/ST/ZIP PLACENTIA, C  THESE FEES APPLY AT THE TIME (Provide a self-addressed, stamped of mailed)  Filling fee \$23.00 for one business na \$7.00 for each additional business na \$7.00 for each additional partner after	A 92870  OF FILING envelope, if the arms arms in two	HUGH NGUYEN CLERK - RECORDER 601 N. Ross Street POST OFFICE BOX 238 SANTA ANA, CA 92702-0238	ON THE C	23. m 10/11/24	
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530 PORTER WAY		PLACENTIA	CA	92870 Orange	
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BUSINESS MAILING AD	N ENTERPRISE, INC.	CITY		STATE ZIP CODE	
530 PORTER WAY		PLACE	NTIA	CA 92870	
		PRATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization	
BUSINESS MAILING AD	DRESS	CITY		STATE ZIP CODE	
FULL NAME OF REGIST	ERED OWNER (IF CORPO	PRATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization	
BUSINESS MAILING AD	DRESS	CITY		STATE ZIP CODE	
4. HAVE YOU STARTED D  Yes Insert Date:	N/A BU	SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.  THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN YIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ. BUSINESS AND			
		OFESSIONS CODE).  Only)	al Registered Domestic Partners	hip an Individual	
5. THIS BUSINESS IS CON	NDUCTED BY: (Check One		an Unincorporated Associati		
a Limited Liability R	Partnership	Copartners a Married Couple	a Joint Venture	Limited liability Co	
(A registrant who	declares as true any mate vs to be false is guilty of a	all information in this statement is t rial matter pursuant to Section 17913 of the Bu misdemeanor punishable by a fine not to excee	ed one thousand dollars (\$1,000	~	
REGISTRANT(S) NAME	OPTIMAL NUTRITION E	Priot Name and	FENG QIU CHIEF EXECUTIVE OF Title of Officer/Manager or Gene		
REGISTRANT(S) SIGNATURE .	Jones				
If corpo	ration, also print co	rporate title of officer. If LLC, also pr	int title of officer or mana	ager.	

MALFRE	ED DOCUMENTS TO:		Filed in Orange County		
AME	OPTIMAL NUTRITION ENTERPR	ICE INC	Hugh Nguyen, Clerk-F	ecorder	
DORES	S 30 PORTER WAY	KFBN345902741		20	
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2.	BUSINESS MAILING ADDRESS, CITY & STATE	OF PRINCIPAL PLACE OF BUSINESS CITY	SIAIE	ZIP CODE COUNTY	
	530 PORTER WAY	PLACENTIA	CA	92870 Orange	
3.	FULL NAME OF REGISTERED OWNER (IF COR	RPORATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization CA	
	OPTIMAL NUTRITION ENTERPRISE, INC.	CITY		or organization CA	
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5.	THIS BUSINESS IS CONDUCTED BY: (Check Or		an Unincorporated Association		
	a Corporation a General Parts				
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		at all information in this statement is to aterial matter pursuant to Section 17913 of the Bu a misdemeanor punishable by a fine not to excee		t the registrant	
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REGIST	(Type or Print Na	Print Name and	Title of Officer/Manager or Gene	ral Partner	
REGIST	RANT(S) SIGNATURE				

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

DOCUMENTS TO:		Filed in Orange County	rdor
OPTIMAL NUTRITION ENTERPR	RISE, INC.	Hugh Nguyen, Clerk-F	Recorder 
530 PORTER WAY	KFBN345902741	* \$ R O O 1 5 1 9	65765*
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