

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,

A handwritten signature in black ink, appearing to read 'Chloe Qiu', with a long horizontal flourish extending to the right.

Chloe Qiu

CEO

Optimal Nutrition Enterprise, Inc.

CITY OF PLACENTIA

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



BUSINESS LICENSE CERTIFICATE

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

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 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/>

THIS DOCUMENT MUST BE POSTED IN A CONSPICUOUS PLACE

NOT TRANSFERABLE

MAIL FILED DOCUMENTS TO:

NAME OPTIMAL NUTRITION ENTERPRISE, INC.

ADDRESS 530 PORTER WAY

CITY/ST/ZIP PLACENTIA, CA 92870

KFBN345902741

Filed in Orange County
Hugh Nguyen, Clerk-Recorder



23.00

20246700852 2:10 pm 10/11/24

474 NC-3 F01

23.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

WITH THE COUNTY CLERK-RECORDER
ON THE DATE INDICATED BY
FILESTAMP ABOVE

THESE FEES APPLY AT THE TIME OF FILING
(Provide a self-addressed, stamped envelope, if
mailed)

Filing fee \$23.00 for one business name
\$7.00 for each additional business name
\$7.00 for each additional partner after two



HUGH NGUYEN
CLERK - RECORDER
601 N. Ross Street
POST OFFICE BOX 238
SANTA ANA, CA 92702-0238

FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1.	FICTITIOUS BUSINESS NAME(S) OC FORMULATION		BUSINESS PHONE NO. (Optional)	
1A.	<input checked="" type="checkbox"/> New Statement <input type="checkbox"/> Refile - List previous No. <input type="checkbox"/> Change			
2.	BUSINESS MAILING ADDRESS, CITY & STATE OF PRINCIPAL PLACE OF BUSINESS		CITY	STATE ZIP CODE COUNTY
	530 PORTER WAY		PLACENTIA	CA 92870 Orange
3.	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization CA	
	OPTIMAL NUTRITION ENTERPRISE, INC.			
	BUSINESS MAILING ADDRESS		CITY	STATE ZIP CODE
	530 PORTER WAY		PLACENTIA	CA 92870
	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization	
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	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization	
	BUSINESS MAILING ADDRESS		CITY	STATE ZIP CODE
4.	HAVE YOU STARTED DOING BUSINESS YET? <input type="checkbox"/> Yes Insert Date: N/A <input checked="" type="checkbox"/> No		NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN 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 VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).	
5.	THIS BUSINESS IS CONDUCTED BY: (Check One Only)		<input type="checkbox"/> a Trust <input type="checkbox"/> a State or Local Registered Domestic Partnership <input type="checkbox"/> an Individual <input checked="" type="checkbox"/> a Corporation <input type="checkbox"/> a General Partnership <input type="checkbox"/> a Limited Partnership <input type="checkbox"/> an Unincorporated Association other than a Partnership <input type="checkbox"/> a Limited Liability Partnership <input type="checkbox"/> Copartners <input type="checkbox"/> a Married Couple <input type="checkbox"/> a Joint Venture <input type="checkbox"/> Limited liability Co	

I declare that all information in this statement is true and correct.

(A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

REGISTRANT(S) NAME OPTIMAL NUTRITION ENTERPRISE, INC. FENG QIU CHIEF EXECUTIVE OFFICER
(Type or Print Name) Print Name and Title of Officer/Manager or General Partner

REGISTRANT(S) SIGNATURE

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

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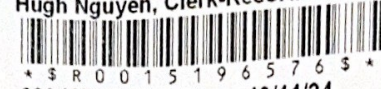
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