

2022

CERTIFICATE OF REGISTRATION

This certifies that:

Green Star Labs, Inc.
4075 Ruffin Road
San Diego, CA 92123
United States


is registered with the U.S. Food and Drug Administration pursuant to the Federal Food Drug and Cosmetic Act, as amended by the Bioterrorism Act of 2002 and the FDA Food Safety Modernization Act, such registration having been verified as currently effective on the date hereof by Registrar Corp:

U.S. FDA Registration No.: **14529955186**
U.S. Registration Agent: **Registrar Corp**
144 Research Drive, Hampton, Virginia, 23666, USA
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179

This certificate affirms that the above stated facility is registered with the U.S. Food and Drug Administration pursuant to the Federal Food Drug and Cosmetic Act, as amended by the Bioterrorism Act of 2002 and the FDA Food Safety Modernization Act, such registration having been verified as effective by Registrar Corp as of the date hereof, and Registrar Corp will confirm that such registration remains effective upon request and presentation of this certificate until December 31, 2022, unless such registration has been terminated after issuance of this certificate. Registrar Corp makes no other representations or warranties, nor does this certificate make any representations or warranties to any person or entity other than the named certificate holder, for whose sole benefit it is issued. Registrar Corp 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. Registrar Corp is not affiliated with the U.S. Food and Drug Administration.

Registrar Corp

144 Research Drive, Hampton, Virginia, 23666, USA
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179
info@registrarcorp.com • www.registrarcorp.com


David Lennarz
Executive Director
Registrar Corp

Dated: January 12, 2022

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FDA | U.S. Food and Drug Administration Food Facility Registration

Date: 11/14/2022 13:56:34

Please review the registration.

Created Date

2022-01-11 17:39:25.0

Registration Renewed Date

2022-11-13

Registration Expiration Date

2024-12-31

Last Modified by

FMLS

Last Updated

2022-11-13

Last Modified by Company

Green Star Labs, Inc.

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**

FACILITY REGISTRATION NUMBER **14529955186**

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

Green Star Labs, Inc.

Telephone Number

001 858 2097031

Facility Name Suffix

Other

Fax Number

E-Mail Address

carmen.myers@greenstarlabs.net

Facility Name Suffix Other

Inc.

Unique Facility Identifier (UFI)

118673251

Facility Street Address, Line 1

4075 Ruffin Rd

Facility Street Address, Line 2

City

San Diego

State/Province/Territory

California

Zip/Postal Code

92123-1817

Country/Area

UNITED STATES

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

Green Star Labs, Inc.

Telephone Number

001 858 2097031

Address, Line 1

4075 Ruffin Rd

Fax Number

E-Mail Address

carmen.myers@greenstarlabs.net

Address, Line 2

City

San Diego

State/Province/Territory

California

Zip Code (Postal Code)

92123

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

Green Globe International, Inc.

Telephone Number

001 619 7790715

Company Name Suffix

Incorporated

Fax Number

E-Mail Address

Address, Line 1

9925 Airway Road

Address, Line 2

City

San Diego

State/Province/Territory

California

Zip Code (Postal Code)

92154

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 <i>(Optional)</i>	Emergency Contact Phone
Individual's Name <i>(Optional)</i>	001 619 2042265
Carmen	E-mail Address
Individual's Middle Name <i>(Optional)</i>	carmen.myers@greenstarlabs.net
Individual's Last Name <i>(Optional)</i>	Job Title <i>(Optional)</i>
Myers	Quality Director

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 <i>(Optional)</i>	Fax Number
-N/A-	-N/A-
Last Name <i>(Optional)</i>	E-Mail Address
-N/A-	-N/A-
Title <i>(Optional)</i>	
-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 Processor	Low-Acid Food Processor	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)
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 checked="" 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 checked="" 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 checked="" 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 - U.S. Agent Address Information
 None of the above

Address, Line 1
4075 Ruffin Rd

Address, Line 2

City
San Diego

State/Province/Territory
California

Zip Code (Postal Code)
92123

Country/Area
UNITED STATES

Telephone Number
001 858 2097031

Fax Number

E-Mail Address
carmen.myers@greenstarlabs.net

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 FORM: Mary Hancock, an employee of Registrar Corp.

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:

Same as Section 10

Individual's Name

Carmen Myers

Telephone Number

001 858 2097031

Address, Line 1

4075 Ruffin Rd

Fax Number

E-Mail Address

carmen.myers@greenstarlabs.net

Address, Line 2

City

San Diego

State/Province/Territory

California

Zip Code (Postal Code)

92123

Country/Area

UNITED STATES