

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

Date: 02/15/2023 16:12:36

Please review the registration.

Created Date  
2019-07-22 16:42:01.0

Created by  
lio58506

Registration Expiration Date  
2024-12-31

Registration Renewed Date  
2022-11-07

Last Updated  
2023-02-15

Last Modified by  
FMLS

Last Modified by Company  
Lionheart Enterprises

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 **10257274528**

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  
**Lionheart Enterprises**

Telephone Number  
**001 385 4481600**

Facility Name Suffix  
**Other**

Fax Number

Facility Name Suffix Other  
**LLC**

E-Mail Address  
**hello@odfstrips.com**

Facility Street Address, Line 1  
**151 E 1750 N Ste C**

Unique Facility Identifier (UFI)  
**159352181**

Facility Street Address, Line 2

City  
**Vineyard**

State/Province/Territory  
**Utah**

Zip/Postal Code  
**84059-8118**

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

**Lionheart Enterprises**

Telephone Number

**001 385 4481600**

Address, Line 1

**151 E 1750 N Ste C**

Fax Number

E-Mail Address

Address, Line 2

**hello@odfstrips.com**

City

**Vineyard**

State/Province/Territory

**Utah**

Zip Code (Postal Code)

**84059**

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

**Lionheart Enterprises**

Telephone Number

**001 385 4481600**

Company Name Suffix

**Other**

Fax Number

E-Mail Address

Company Name Suffix Other

**LLC**

**hello@odfstrips.com**

Address, Line 1

**151 E 1750 N Ste C**

Address, Line 2

City

**Vineyard**

State/Province/Territory

**Utah**

Zip Code (Postal Code)

**84059**

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>	<b>001 385 4481600</b>
<b>Benjamin</b>	E-mail Address
Individual's Middle Name <i>(Optional)</i>	<b>hello@odfstrips.com</b>
Individual's Last Name <i>(Optional)</i>	Job Title <i>(Optional)</i>
<b>Bartel</b>	<b>CEO</b>

**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

Alternate Trade Name #1 : **Nutriegy**

**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
<b>-N/A-</b>	<b>-N/A-</b>
Middle Name <i>(Optional)</i>	Fax Number
<b>-N/A-</b>	<b>-N/A-</b>
Last Name <i>(Optional)</i>	E-Mail Address
<b>-N/A-</b>	<b>-N/A-</b>
Title <i>(Optional)</i>	
<b>-N/A-</b>	
Address, Line 1	
<b>-N/A-</b>	
Address, Line 2	
<b>-N/A-</b>	
City	
<b>-N/A-</b>	
State/Province/Territory	
<b>-N/A-</b>	
Zip Code (Postal Code)	
<b>-N/A-</b>	
Country/Area	
<b>-N/A-</b>	

**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													
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 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility**

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33.	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	<input checked="" type="checkbox"/>	<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 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**

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

Address, Line 1  
**151 E 1750 N Ste C**

Telephone Number  
**001 385 4481600**

Address, Line 2

Fax Number

City  
**Vineyard**

E-Mail Address  
**hello@odfstrips.com**

State/Province/Territory  
**Utah**

Zip Code (Postal Code)  
**84059**

Country/Area  
**UNITED STATES**

**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

**Benjamin Bartel**

Telephone Number

**001 385 4481600**

Address, Line 1

**151 E 1750 N Ste C**

Fax Number

E-Mail Address

**hello@odfstrips.com**

Address, Line 2

City

**Vineyard**

State/Province/Territory

**Utah**

Zip Code (Postal Code)

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Country/Area

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