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COVER LETTER

SUBJECT:	e Yerba Mate Co., LLC		
	Name of	Limited Liability Company	
		pany for Authorization to Transact Business in enced foreign limited liability company to trans	
Please return all	correspondence concerning this matter to the	following:	
	Jonathan Wilds		
	N	lame of Person	
	The Yerba Mate Co., LLC		
	F	irm/Company	
	5385 Dixie Landing Drive		
	140.1	Address	
	Jacksonville, FL 32224		
	City/S	State and Zip Code	
	john@theyerbamateco.com		
	E-mail address: (to be use	d for future annual report notification)	
For further infor	mation concerning this matter, please call:		
Jonatha	n Wilds	202 557-9304 at ()	
	Name of Contact Person	Area Code Daytime Telephone N	umber
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le
	eck for the following amount: .00 Filing Fee Status Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Certified Copy of Status & Cert	g Fee, Certificate ified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	LC ign Limited Liability Company; must include "Limited	i blue inty company. Bible. O	i idee.)			
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting bus	siness in Florida. The alternate na	me must ir	nclude	"Limite	d
2. Delaware	3. 81-31724	20				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	:)			
4. August 8, 2016						
<u> </u>	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to deter	or to registration.)	_			
5 5385 Dixie Landing D		mine penany naomity;				
J				1 6		٠,
	(Street Address of Principal Office)			6- NON -9		<u>:</u> .
(Street Address of Principal Office) 6. Jacksonville, FL 32224				-	<u> </u>	
·			一語学		(F) (G)	
	(Mailing Address)			PH	⊕	
7 N 1	•	. 11.5	爱王	0+:-		
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box NOT ac	ceptable)	5	0		
Name:	Jonathan Wilds					
Office Address:	5385 Dixie Landing Drive					
	Jacksonville, FL	, Florida 32224 (Zip code)				
.	(City)	(Zip code)				
Registered agent's accep						
Having been named as redesignated in this applica to complywith the provision	gistered agent and to accept service of process for tion, I hereby accept the appointment as register ons of all statutes relative to the proper and company position as registered agent. (Registered agent's signat	ed agent and agree to act in the plete performance of my dutie	tis capac	ity. I	further	agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the second seco	tion, I hereby accept the appointment as register ons of all statutes relative to the proper and comp ny position as registered agent.	ed agent and agree to act in the plete performance of my dutiently and the plete performance of the performance of the plete performance of the performance of the plete performance of the perform	tis capac	ity. I	further	agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the second seco	tion, I hereby accept the appointment as register ons of all statutes relative to the proper and company position as registered agent. (Registered agent's signat	ed agent and agree to act in the plete performance of my dutiently and the plete performance of the performance of the plete performance of the performance of the plete performance of the perform	tis capac	ity. I	further	agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the second seco	ition, I hereby accept the appointment as registered one of all statutes relative to the proper and company position as registered agent. (Registered agent's signated and address of the person(s) who has/have automaticity and addr	ed agent and agree to act in the plete performance of my dutien ure) ure) uthority to manage is/are:	tis capac	ity. I	further	agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the second seco	ition, I hereby accept the appointment as registered ons of all statutes relative to the proper and company position as registered agent. (Registered agent's signated and address of the person(s) who has/have automatically and address of the person(s) acksonville, FL 32224	ure) MGR MGR	tis capac	ity. I	further	agree

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jonathan Wilds

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "THE YERBA MATE CO., LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF JUNE TO

A.D. 2016, AT 4:37 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

e at coro delaware gov/aut

4ùthentication: 203094031

Date: 10-03-16

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You may verify this certificate online at corp.delaware.gov/authver.shtml