

MA0000000311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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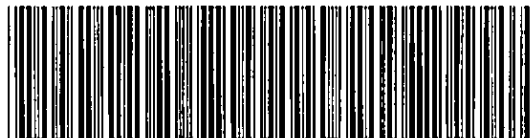
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX

JAN 08 2020

## Lidia Paz

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**From:** Jessica Bundy <jessica@legallymineusa.com>  
**Sent:** Thursday, November 28, 2019 10:00 AM  
**To:** Lidia Paz  
**Subject:** Legally Mine  
**Attachments:** Reap a Harvest, LLC - FL Application for Authorization (client).pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Dr Paz-Mesa,

**Reap a Harvest, LLC** has been processed and approved in Alaska, and the next step is to register this entity in Florida.

Please review the attached filing, sign where highlighted, and be sure to include a check payable to "Florida Department of State" for the \$125.00 filing fee. Then mail all 4 pages and the check to:

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Please let me know when you mail the paperwork in so that I can appropriately monitor the filing status.

If you have any questions or concerns you can contact me at [jessica@legallymineusa.com](mailto:jessica@legallymineusa.com) or (800) 375-2453

Sincerely,  
Jessica Bundy  
Entity Creation Specialist



Legally Mine

Fulfillment Team

p 800-375-2453 f 888-801-6454

email [entity.creation@legallymineusa.com](mailto:entity.creation@legallymineusa.com)

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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:

1. Reap a Harvest, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Alaska 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 11/25/2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 505 Old Steese Hwy Ste. 122 6. 200 W. 34th Ave. #977  
(Street Address of Principal Office) (Mailing Address)

Fairbanks, AK 99701 Anchorage, AK 99503

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lidia Paz-Mesa

Office Address: 34650 SW 212th Ave.

Homestead, Florida  
(City)

2019 DEC - 9 PM 4:13  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
33034  
Zip code

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature] DDS  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Lidia Paz-Mesa

☒ Member                      Address: 34650 SW 212th Ave.

☐ Authorized                      Homestead, FL 33034

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Eddy Mesa

☒ Member                      Address: 34650 SW 212th Ave.

☐ Authorized                      Homestead, FL 33034

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

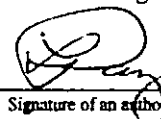
Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

 DDS  
\_\_\_\_\_  
Signature of an authorized person

Lidia Paz-Mesa

\_\_\_\_\_  
Typed or printed name of signee

Alaska Entity #10118320

State of Alaska  
Department of Commerce, Community, and Economic Development  
Corporations, Business, and Professional Licensing

## Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

**Reap a Harvest, LLC**

This entity was formed on November 25, 2019 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **November 27, 2019**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson  
Commissioner