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COVER LETTER

TO: Registration Section

Di	vision of Corporations				
SUBJECT:	Happy Hour Medicinals, LLC				
		e of Limited Liability	Company		
Please retur	rn all correspondence concerning this matter to	the following:			
	Hal E. Hershkowtiz				
		Name of Person			
	Hershkowitz & Kunitzer, P.A.				
Firm/Company					
	Name of Limited Liability Company sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi, and check are submitted to register the above referenced foreign limited liability company to transact business in urn all correspondence concerning this matter to the following: Hal E. Hershkowtiz Name of Person Hershkowitz & Kunitzer, P.A.				
Address					
	St. Petersburg, Florida 33710				
	Ci	ity/State and Zip Code			
	E-mail address: (to be	used for future annua	l report notification)		
For further	information concerning this matter, please call	i:			
Bi	anca Green	— .	459-8084		
	Name of Contact Person		Daytime Telephone Number		
Di Re P.C	vision of Corporations egistration Section O. Box 6327		Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle		
Pk		Fee & 🔲 \$155.00	TE Dividing Fee & S160.00 Filing Fee fied Copy of Status & Certification of Status & Certificat		

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:

	name adopted for the purpose of transacting business in Flo	rida. The alternate	name must include "Limited Lia	hility Company," "L.L.C," or	r "L1.6
Oklahoma		84-2 3.	2542085		
(Jurisdiction under the law of which foreign limited liability company is organized)		<i>3.</i>	(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to	registration)			
	(See sections 605.0904 & 605.0905, F.S. to determi	ne penalty liability	d		
147 S 122nd East Ave		147 i 6.	S 122nd East Ave		
(Street Address of	Principal Office)	v	(Mailing Add	liess)	
Tulsa, OK 74128		Tuls	a, OK 74128		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	stable)	2020 JAN REFEREN	-
Name:	Hershkowitz & Kuntizer, P.A.			1305. N Y 0	1
Office Address:	5039 Central Avenue		_	A 8	
	St. Petersburg		33710 , Florida	52 104	
	(City)			le)	

Hal & Hoodhous

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: Title or Capacity: Name and Address: F Squared Enterprises, LLC Name: Monty Light Pole, LLC Manager Manager Address: 508 Anderson St Address: ____ Member Tulsa, OK 74112 Castle Rock, CO 80104 ■Authorized Authorized Person Person Other Other Other___ Other____ Name: Everythings OK, LLC Green Mixx, LLC Manager Manager Address: 3412 W Santiago St 400 S Orleans Ave Member Address: Member Tampa, FL 33606 Tampa, FL 33629 Authorized Authorized Person Person Other_ Other____ Other_ Other____ Name: PJE, LLC Name: Tirf, LLC Manager Manager Address: 3121 Gulf Blvd 10751 S Louisville Ave Member Address: Member Tulsa, OK 74137 Belleair Beach, FL 33761 Authorized Authorized Person Person Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Tobin Green dba Green Mixx, LLC

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>HAPPY HOUR MEDICINALS</u>, <u>LLC</u> whose registered agent is <u>HAPPY HOUR MEDICINALS</u>, <u>LLC</u>, with its registered office at <u>147 SOUTH 122ND EAST AVENUE TULSA 74128 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 6th, day of December, 2019.

Secretary Of State