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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CBD ESSENTIALS LLC		
3000170		e of Limited Liability Company	-
The enclo Existence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	," Certificate o iness in Floric
Please re	turn all correspondence concerning this matter t	o the following:	
	VERONICA JIMENEZ		
		Name of Person	-
	GREENLIGHT FINANCIAL LLC		
		Firm/Company	-
	7480 BIRD RD, SUITE 810		
		Address	-
	MIAMI, FLORIDA 33155		2025
		ity/State and Zip Code	- 23
	MUSCATEGUI@GREENLIGHTFINA	NCIAL.NET	
	E-mail address: (to be	used for future annual report notification)	- co · ·
For furth	er information concerning this matter, please ca	II:	FH 12: 2
	VERONICA JIMENEZ	305 860-5970 at ()	: 2
•	Name of Contact Person	Area Code Daytime Telephone Number	•
Mailing Address: Registration Section		Street Address:	
Division of Corporations		Registration Section Division of Corporations	
		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP	PARTMENT OF STATE	
	■ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate o		

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 ALMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida The	alternate name must include "Limited Liability C	ompany," "L.L.C," or "	i. LI.C.T
DELAWARE 2.		7	83-3442622		
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, (fapplicable)			-
APRIL 1, 2020					
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	registratio ne penalty	n) liability)		
7480 BIRD RD			7480 BIRD RD		
treet Address of Principal Office)		0.	(Mailing Address)		•
SUITE 810			SUITE 810	707	
MIAMI, FLORIDA 33	155		MIAMI, FLORIDA 33155		
				⇔ .	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	7.:	•
Name;	GREENLIGHT FINANCIAL LLC			12: 21	
Office Address:	7480 BIRD RD, SUITE 810				
	MIAMI		33155		
	(City)		, Florida(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.

(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:	ss: <u>Title or Capacit</u>		Name and Address:
□Manager	Name: GREEN ESSENTIALS LLC	□Manager	Name:	
■Member	Address: 7480 BIRD RD	□Member	Address:	·
□Authorized	SUITE 810	□Authorized		
Person	MIAMI, FLORIDA 33155	Person		
Other	□Other	□Other	****	Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		2020 K
□Other	Other	□Other	<u>_</u>	□Other □
				
□Manager	Name:	□Manager	Name:	7) :
□Member	Address:	□Member	Address:	· · · · · · · · · · · · · · · · · · ·
□Authorized		□Authorized		
Person		Person		
Other	Other	□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.

GERARDO MUJICA

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CBD ESSENTIALS LLC" IS DULY FORMED

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

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE NINTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CBD ESSENTIALS LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2019.

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

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Authentication: 202542481

Date: 03-09-20