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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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SEP 25 PM 4:40  
FHE

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2020 SEP 25 AM 10:24

Foreign Limited Liability Company

420 BNB LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

XXXXXXXXXX

SEP 25 2020

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. 420 BNB 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 85-2791873 (FEI number, if applicable)

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

5. 7901 4th St N (Street Address of Principal Office)
STE 300
St. Petersburg FL 33702
6. 7901 4th St N (Mailing Address)
STE 300
St. Petersburg FL 33702

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

Name: Northwest Registered Agent LLC
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip code)

2021 SEP 25 PM 4:42
FILE

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.

Tom Glover
(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: Noah Ludwin  
 Member        Address: 7901 4th St N STE 300  
 Authorized    St. Petersburg, FL US 33702  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 Manager      Name: \_\_\_\_\_  
 Member        Address: \_\_\_\_\_  
 Authorized    \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member        Address: \_\_\_\_\_  
 Authorized    \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member        Address: \_\_\_\_\_  
 Authorized    \_\_\_\_\_  
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.

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

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

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "420 BNB 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "420 BNB LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2020.

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



3507167 8300

SR# 20207468923

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203729594

Date: 09-24-20