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#### COVER LETTER

TO:

Lonkero, LLC JECT:			
Name	of Limited Liability Company		
enclosed "Application by Foreign Limited Liability C tence, and check are submitted to register the above t	Company for Authorization to Transact Busine ferenced foreign limited liability company	ness in Florida," to transact busine	Certif ess in
se return all correspondence concerning this matter to	the following:		
Sakari Manninen			
	Name of Person	<del></del>	
Lonkero, LLC			
	Firm/Company		
12966 Treaty Line Street,			
	Address		
Carmel, IN, 46032			
	ity/State and Zip Code	782	
sakari@thelongdrink.com and chris@the	elongdrink.com	7821 SEP	-
E-mail address: (to be	used for future annual report notification)		
further information concerning this matter, please cal	1:	; ====================================	2
Sakari Manninen	929 388 9329 at ( )	· · · · · · · · · · · · · · · · · · ·	т. Л
Name of Contact Person	Area Code Daytime Teleph	none Number	٠.
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee	0	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	U	

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

It name unavailable, enter afternate	name adopted for the purpose of transacting business in Fl	orida. The alterna	ite name must include "Limited Lial	bility Company," "	11C," or	"LLC."
Indiana, USA 2.		82- 3.	2871127			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	J	(FEI numbe	r, if applicable)		_
7/1/2021 4.						
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ) ne penalty liabilit	ty)			
12966 Treaty Line Str	eet		NE 32nd Street, #1808			
Street Address of Principal Office)		6	(Mailing Address)			_
Carmel		Mia	mi			
46032, IN		3311	37, FL		727	_
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accep	ntable)		SEP -1 F	
Name:	Sakari Manninen		_	i mgr	PM 나: 56	
Office Address:	650 NE 32nd Street, #1808		_	r **·	5 <b>6</b>	
	Miami		33137 , Florida			
	(Спу)		(Zip code)			

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:	Title or Capacity:		Name and Address:	
□Manager	Name: Sakari Manninen	■Manager	Name: Chris Nicholas		
■Member	Address: 650 NE 32nd Street	□Member		966 Treaty Line Street	
□Authorized	#1808	□Authorized	Carmel		
Person	Miami, 33137, Florida	Person	IN, 46032		
□Other		□Other		□Other	
□Manager	Name: Mikael Taipale	□Manager	Name:		
■Member	Address:	□Member	Address:		
□Authorized	Carmel	□Authorized			
Person	IN, 46032	Person			
□Other	□Other	□Other		□Other	
□Manager	Name:	□Manager	Name:	2921 SEP	
□Member	Address:	□Member	Address:	1 20	
□Authorized		□Authorized		<del></del>	
Person		Person		<u></u>	
□Other	Other	□Other		□Other	

<u>Important Notice:</u> 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

Sakari Manninen

# State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

### LONKERO, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 20, 2017, and was in existence or authorized to transact business in the State of Indiana on July 22, 2021.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 22, 2021

olli Sullina

HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on August 21, 2021.