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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

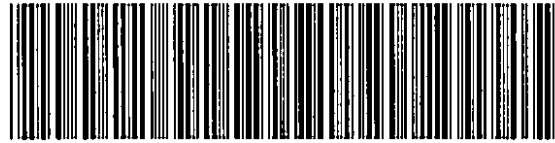
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lonkero, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sakari Manninen
Name of Person
Lonkero, LLC
Firm/Company
12966 Treaty Line Street,
Address
Carmel, IN, 46032
City/State and Zip Code
sakari@thelongdrink.com and chris@thelongdrink.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Sakari Manninen 929 388 9329
Name of Contact Person at (Area Code) Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Lonkero, 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. Indiana, USA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-2871127 (FEI number, if applicable)

4. 7/1/2021 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12966 Treaty Line Street (Street Address of Principal Office)
6. 650 NE 32nd Street, #1808 (Mailing Address)

Carmel Miami

46032, IN 33137, FL

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

Name: Sakari Manninen

Office Address: 650 NE 32nd Street, #1808

Miami, Florida 33137 (City) (Zip code)

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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.

[Handwritten Signature]
(Registered agent's signature)

**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

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.