

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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

Foreign Limited Liability Company
NEXTBITE BRANDS LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

2021 DEC 27 PM 4:21

ALLAHAD, FLORIDA

2021 DEC 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nextbite Brands 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:

Perry Roshan-Zamir

Name of Person

Ordermark/Nextbite

Firm/Company

2530 Wilshire Blvd, 3rd Floor

Address

Santa Monica, CA 90403

City/State and Zip Code

perry.roshan-zamir@getordermark.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Perry Roshan-Zamir

Name of Contact Person

at (310)

Area Code

420-4000

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. Nextbite Brands 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. _____
(P.E. number, if applicable)

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

5. 1810 Little Raven Street #100
(Street Address of Principal Office)

6. 2530 Wilshire Blvd. 3rd Floor
(Mailing Address)

Denver, CO 80202

San Francisco, CA 94011

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

NRAI Services, Inc.

By: Kitty Vicars Assistant Secretary
(Registered agent's signature)

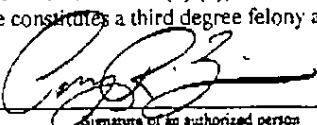
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Christian Huff (VP of Accounting)</u>	☐ Manager	Name: <u>Alex Canter - CEO</u>
☐ Member	Address: <u>10381 Jefferson Blvd</u>	☐ Member	Address: <u>10381 Jefferson Blvd</u>
☒ Authorized	<u>Culver City, CA 90232</u>	☒ Authorized	<u>Culver City, CA 90232</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Paul Pucino - CFO</u>	☐ Manager	Name: <u>Paul Allen - President</u>
☐ Member	Address: <u>10381 Jefferson Blvd</u>	☐ Member	Address: <u>10381 Jefferson Blvd</u>
☒ Authorized	<u>Culver City, CA 90232</u>	☒ Authorized	<u>Culver City, CA 90232</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Perry Roshan-Zamir</u>	☐ Manager	Name: _____
☐ Member	Address: <u>2530 Wilshire Blvd, 3rd Floor</u>	☐ Member	Address: _____
☒ Authorized	<u>Santa Monica, CA 90403</u>	☐ 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.



 Signature of an authorized person

Perry Roshan-Zamir

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXTBITE BRANDS 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 ELEVENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXTBITE BRANDS LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2018.

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



7078913 8300

SR# 20213770253

You may verify this certificate online at 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 in a small font.

Authentication: 204664061

Date: 11-11-21