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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 : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

Foreign Limited Liability Company
Side LFRO LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

2022 AUG 15 AM 6:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Side LFRO 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:

Jaycie Howard
Name of Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Parkway, Suite 500S
Address
Las Vegas, Nevada 89169-6014
City/State and Zip Code
documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaycie Howard for InCorp Services, Inc. at (702) 866 - 2500
Name of Contact Person 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. Side LFRO 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. (EIN number, if applicable)

4. Upon Registration
(Date first transacted business in Florida, if prior to registration.
(See sections 603.0904 & 603.0905, P.S. as determine penalty liability)

5. 580 4th Street
(Street Address of Principal Office)

6. 580 4th Street
(Mailing Address)

San Francisco, CA 94107

San Francisco, CA 94107

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (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.

Isabel Burgos on behalf of InCorp Services, Inc.
(Registered agent's signature)

2022 AUG 15 PM 1:30
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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: Scott Dickinson

Member Address: 580 4th Street

Authorized San Francisco, CA 94107

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Kevin Gloia

Member Address: 580 4th Street

Authorized San Francisco, CA 94107

Person _____

Other _____ Other _____

Manager Name: Spencer Krull

Member Address: 580 4th Street

Authorized San Francisco, CA 94107

Person _____

Other _____ Other _____

Manager Name: Jacob Lyman

Member Address: 580 4th Street

Authorized San Francisco, CA 94107

Person _____

Other _____ Other _____

Manager Name: Casey McLoed

Member Address: 580 4th Street

Authorized San Francisco, CA 94107

Person _____

Other _____ Other _____

Manager Name: Stephen Merkle

Member Address: 580 4th Street

Authorized San Francisco, CA 94107

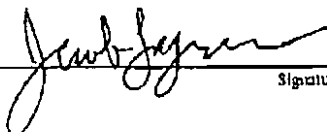
Person _____

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

Jacob Lyman

Typed or printed name of signor

Florida Department of State
New Filing Section
Division of Corporations

Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

Side LFRO LLC
(continued)

Section 8: For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage. **Important Notice:** Use an attachment to report more than six (6).

Title or Capacity:

Name and Address:

Manager

Donnie Pingaro
580 4th Street
San Francisco, CA 94107

Manager

Lisa Swanson
580 4th Street
San Francisco, CA 94107

Manager

Tamra Taylor
580 4th Street
San Francisco, CA 94107

Manager

Cathy Trevino
580 4th Street
San Francisco, CA 94107

Manager

William Wiard
580 4th Street
San Francisco, CA 94107

Manager

John Wollberg
580 4th Street
San Francisco, CA 94107

Manager

Allison Wopschall
580 4th Street
San Francisco, CA 94107

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIDE LFRO 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 TWELFTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIDE LFRO LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2022.

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



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20223253752

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204153428

Date: 08-12-22