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| (Requestor's Name) | | | | |
|--|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ĉity/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: My. Ruper Lee Convergentission to USL Suffix for Pilternate name Corporation. ys 10/5/20 | | | | |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--|--|----------------------|--|--|
| SUBJ | ECT: LFG Corporation | | | |
| SODA | Name | of corporation | - must include suffix | · · · · · · · · · · · · · · · · · · · |
| Dear S | Sir or Madam: | | | |
| "Certif | nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to | of Good Stan | ding" and check are submit | |
| Please | return all correspondence concerni | ing this matter | to the following: | 2978 |
| Ryan I | æe | | | 7 8 S |
| | | Name of | Person | |
| LFG C | Corporation | | | ज |
| | | Firm/Com | pany | |
| 4103 C | Ondich Road | | | ့် မှ |
| | | Addre | •••• | . 2 |
| Apopk | a, FL 32712 | 7 tour | .55 | • |
| | | City/State as | nd Zin code | |
| ryan@ | heyrooted.com | | | |
| | E-mail address | s: (to be used f | or future annual report noti | fication) |
| For fur | rther information concerning this m | natter, please c | all: | |
| Ryan Lee | | at (| 781-0368 | |
| | Name of Person | Area Code | | e Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Please | sed is a check for the following amomake check payable to: FLORIDA D i 0.00 Filing Fee \$78.75 Filin Certificate of | EPARTMENT g Fee & | | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| LFG Corporation | | | | | | |
|-----------------|--|--|--|---------------------|--|--|
| | | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION," | | | |
| | We Sell Plants, (| , a but you | | | | |
| (| If name unavaila | ble in Florida, enter alternate corporate name | adopted for the purpose of transacting be | usiness in Florida) | | |
| 2 | Ostate or country under the law of which it is incorporated) | | (FEI number, if applicable) | | | |
| | | | | | | |
| 4. | 01/24/2018 | 5 | | | | |
| | (Date of incorporation) | | (Date of duration, if other than perpetual) | | | |
| 6. | N/A waiting for | registration | | | | |
| | 103 Ondich Road | (Date first transacted business (SEE SECTIONS 607.1501 & 607.1 i. Apopka, FL 32712 | in Florida, if prior to registration) 502, F.S., to determine penalty liability) | Ser. | | |
| <i>'</i> | | (Principal of | ice street address) | - En | | |
| 1 | 1426 Crestview Drive, Mount Dora, FL 32757 | | | | | |
| _ | | (Current maili | ng address, if different) | 3, 21 | | |
| 8. 1 | Name and stree | t address of Florida registered agent: (P. | O. Box NOT acceptable) | | | |
| | Name: | Registered Agents Inc. | | | | |
| Off | ice Address: 7901 4th St N STE 300 | | | | | |
| | | St. Petersburg | , Florida | | | |
| | | (City) | (Zip code) | | | |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 Agents Inc.
Bill Havre - Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| A. DIRECTORS | | | | | | | |
|---|---------------------------|--------------------------|---|--|--|--|--|
| Chairman | Name: | □Chairman □Vice Chairman | Name: Kay Kim 4103 Ondich Road Address: | | | | |
| □Vice Chairman | Address: 4103 Ondich Road | | | | | | |
| , ■ Director | Apopka, FL 32712 | Director | Apopka, FL 32712 | | | | |
| □President | | President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □Secretary | ■ Treasurer | ■ Secretary | □Treasurer | | | | |
| Other | Other | Other | Other | | | | |
| □Chairman | Name: | □ Chairman | Name: | | | | |
| ☐ Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | □Director | Address: | | | | |
| □President | | □President | | | | | |
| □Vice President | <u></u> | □Vice President | 70 | | | | |
| □Secretary | □Treasurer | ☐ Secretary | ☐ Treasurer | | | | |
| Other | Other | Other | | | | | |
| | | | | | | | |
| □Chairman | Name: | ☐ Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | □Director | | | | | |
| □President | | President | | | | | |
| □Vice President | | □Vice President | | | | | |
| Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | |
| 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. | | | | | | | |
| Signature of Director or Officer | | | | | | | |
| The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. | | | | | | | |

(Typed or printed name and capacity of person signing application)

Ryan Lee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LFG CORPORATION" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LFG CORPORATION"

[5]
WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 203194503

Date: 06-29-20