

#21000002981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 MAR 17 PM 12:24
FILING OFFICE
TOLSON

50983

6/3/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savage Enterprises
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Matthew Winters
Name of Person

Savage Enterprises
Firm/Company

7 Vanderbilt
Address

Irvine CA, 92618
City/State and Zip code

Matt@SavageEnterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Winters at (714) 261-3228
Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

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

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2021

MATTHEW WINTERS
7 VANDERBILT
IRVINE, CA 92616

SUBJECT: SAVAGE ENTERPRISES CO.
Ref. Number: W21000050983

We have received your document for SAVAGE ENTERPRISES CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

The past page of the document was not included.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 221A00007787

RECEIVED
MAY 17 2021

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. Savage Enterprises Co.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Savage E-Liquid Inc.
(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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5529259
(FEI number, if applicable)

4. [REDACTED]
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7 Vanderbilt
(Street Address of Principal Office)

6. 7 Vanderbilt
(Mailing Address)

Irvine CA, 92618

Irvine CA, 92618

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

Name: Matthew Satter

Office Address: 11614 Clear Creek Dr.

Pensacola, Florida 32514
(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.

[Signature]
(Registered agent's signature)

FILED
21 MAY 17 PM 12:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

☐ Chairman Name: Christopher Wheeler ☐ Chairman Name: Matt Winters
☐ Vice Chairman Address: 2174 Alicia Parkway ☐ Vice Chairman Address: 1782 Canyon Blvd
☐ Director Interforest CA ☐ Director Interforest CA
☒ President 92610 ☐ President 92610
☐ Vice President _____ ☐ Vice President _____
☐ Secretary ☐ Treasurer ☐ Secretary ☒ Treasurer
☐ Other _____ ☐ 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 _____

☐ 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.

12. _____
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.

13. Matt Winters CFO/Treasurer
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Savage Enterprises

is a

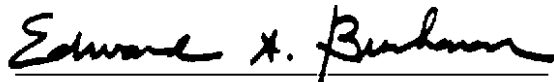
Profit Corporation

formed or qualified under the laws of Wyoming did on **March 4, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000682172**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of March, 2021 at 4:45 PM. This certificate is assigned ID Number 042925022.




Secretary of State