F23000003516

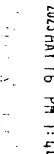
(Requestor's Name)					
(Address)					
` ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Cartified Copies Cartificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
2 2 1000/ 1698					
w23000061598					

Office Use Only



900406550539

04/14/28--01022--015 **78.75



2023 HAY 16 PH 1: 4



April 28, 2023

GREG WILLIAMS 8671 HAYDEN PLACE CULVER CITY, CA 90232 US

SUBJECT: PRESSED JUICERY, INC.

Ref. Number: W23000061598

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

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Andrea Andrews Regulatory Specialist II

Letter Number: 123A00009522

RECEIVED MAY 1 6 2023

COVER LETTER

	stration Section ion of Corporations			
	Pressed Juicery, Inc.			
SUBJECT	Name	of corporation - m	ust include suffix	
Dear Sir or M	fadam:			
"Certificate of	"Application by Foreign C of Existence," or "Certificate need foreign corporation to	e of Good Standing	g" and check are subm	Business in Florida." itted to register the
Please return	all correspondence concerr	ing this matter to t	he following:	
Greg William	s			
		Name of Pers	son	-
Pressed Juicer	ry, Inc.			
	-	Firm/Compan	у	
8671 Hayden	Pl.			
	·	Address	-	
Culver City. C	CA 90232			
		City/State and 2	Zip code	
accounts.paya	able@pressed.com			
<u></u>	E-mail addres	ss: (to be used for t	uture annual report no	otification)
For further in	nformation concerning this	matter, please call:		
Greg William	ıs	at ()	319-1612	
Nan	ne of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make o	a check for the following archeck payable to: FLORIDA liling Fee \$78.75 Fil Certificate	DEPARTMENT OF Sing Fee &	F STATE 78,75 Filing Fee & Certified Copy	☐ \$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.

(Enter name of co	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION	."	
Pressed Juicery.				
(If name unavaila	ble in Florida, enter alternate corporate name ac		g business in Ffortda)	
Delaware 2.	3. 2	7-3092174		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
02/24/2016	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
6. 04/04/2023				
7. 8671 Hayden Pl.,	Culver City, CA 90232 (Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)		
Name:	(Current mailing et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Rd #250		2023 HAY 1.6 PH	
	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Rd #250		2023 HAY 16 PH 1: 44	

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.

> Onix Bell DENISE BELL, ASST. SECY. (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.

DocuSign Envelope ID: 9E95B129-3404-436A-A244-3523584B7FD5 A. DIRECTORS

Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman	Address:			
Director	SUITE 200	□Director	CULVER CITY, CA 90232			
President	MENLO PARK, CA 94025	□President				
		□Vice President				
Secretary	□Treasurer	□ Secretary	■ Treasurer			
□Other	Other	■Other	□Other			
□Chairman	Name:	□Chairman	Name:			
	8671 HAYDEN PL	□Vice Chairman				
□ Vice Chairman	CULVER CITY, CA 90232	Director				
		□President				
□President		□Vice President				
□Vice President		Secretary	□Treasurer			
Secretary CLO Other	□Treasurer □IOther	□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 Gry Williams 205:104701855888 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.

Gran Williams CEO



Page 1

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

DELAWARE, DO HEREBY CERTIFY "PRESSED JUICERY, INC." 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 FIFTH DAY OF APRIL, A.D. 2023.

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

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



Jeffrey W. Bufloch, Secretary of State

Authentication: 203088094

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