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#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Freshly Squeezed Name of Limited Liability Company
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:
Polina Guth
Freshly Squeezed
605 N. 21st Ave Address
Hollywood, FL 33020 City/State and Zip Code
che polinna à hotmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Poling Guth at (440) 227-3122  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  State    State    State    Enclosed is a check for the following amount:  State    State

#### 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: Freshly Squeezed LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Freshly Squeezed - South 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.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4350 Renaissance Warrensville teights OH 44128 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Polina Guth - President 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Freshly Squeezed LLC			
If unavailable, the alternate to be used in the state of Florida is:			
Freshly Squeezed - South LLC	File	14	
2. The name and the Florida street address of the registered agent and office are:	AHASSE AHASSE	14 JUN 16 PH 1: 35	ta.
Eric Guth		70	ž
(Name)		ક. સ્ટ્ર	*
Florida Street Address (P.O. Box NOT ACCEPTABLE)	ئند —	.,	
Hollywood FL 33020 City/State/Zip			
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as registered agent as provided for in Chapter & Statutes.	ntment a provisio liar with	s ns of and	
\$ 100.00 Filing Fee for Application  \$ 25.00 Designation of Registered Agent			

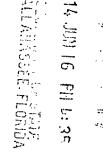
30.00 Certified Copy (optional)

**Certificate of Status (optional)** 

5.00

# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FRESHLY SQUEEZED LLC, an Ohio Limited Liability Company, Registration Number 1751173, was organized within the State of Ohio on January 9, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of June, A.D. 2014.

**Ohio Secretary of State** 

Hustel

Validation Number: 201416100732