

1500002834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1122 WB-24392

Office Use Only



000269595850

03/17/15--01002--009 \*\*160.00

FILED  
15 MAR 17 PM 4:40  
STATE  
TOLSON

APR 17 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2015

BERNARD CAMMARATA  
KM ORGANIC FUND INC  
5500 MILITARY TRAIL STE 22-344  
JUPITER, FL 33458

SUBJECT: SCHMIDT'S DEODORANT COMPANY LLC  
Ref. Number: W15000024392

We have received your document for SCHMIDT'S DEODORANT COMPANY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 315A00007007

FILED  
15 MAR 17 PM 4:40  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Schmidt's Deodorant Company 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:

**Bernard Cammarata**

Name of Person

**KM Organic Fund Inc**

Firm/Company

**5500 Military Trail Suite 22-344**

Address

**Jupiter Florida 33458**

City/State and Zip Code

**bernard@cmistaff.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Bernard Cammarata**

Name of Contact Person

**407**

at ( )

Area Code

**416 2100**

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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

FILED  
15 MAR 17 PM 4:40  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

FILED  
15 MAR 17 PM 4:40  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. \_\_\_\_\_  
(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. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. **5500 Military Trail Suite 22-344**  
**Jupiter Fl 33458**  
(Street Address of Principal Office)

6. **5500 Military Trail Suite 22-344**  
**Jupiter Fl.33458**  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

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.)

Typed or printed name of signee

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Schmidt's Deodorant Company 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. **State of South Dakota**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **47-2679592**

(FEI number, if applicable)

4. **0 New LLC**

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

5. \_\_\_\_\_

(Street Address of Principal Office)

6. \_\_\_\_\_

(Mailing Address)

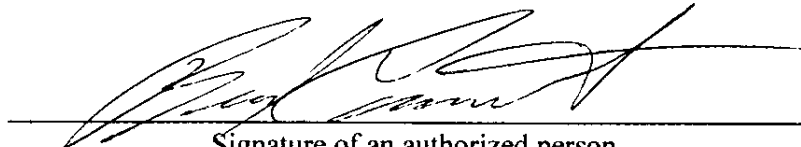
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Michael Cammarata 5500 Military Trail 22-344 Jupiter Fl 33458 Pres KM Organic Fund Inc Manager LLC**

**Jaime Schmidt 6936 SE Mall St Portland, OR 97206 Manager LLC**

**Bernard Cammarata 5500 Military Trail 22-344 Jupiter, FL 33458 Sec KM Organic Fund Inc**

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.)

**Bernard Cammarata**

Typed or printed name of signee

**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:

**Schmidts Deodorant Company LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**Michael Cammarata**

(Name)

**5500 Military Trail 22-344**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Jupiter**

**FL 33458**

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

### Certificate of Existence Limited Liability Company

ORGANIZATIONAL ID #: DL041622

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, do hereby certify that **Schmidt's Deodorant Company LLC** was duly organized under the laws of this state on **January 5<sup>th</sup>, 2015** for a **perpetual** term of existence.

I, further certify that said *Limited Liability Company* has complied with the laws of this State relative to the formation of Limited Liability Companies of its kind and is now a regularly and properly organized and existing Limited Liability Company under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of termination have not been filed. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the Limited Liability Company's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I  
have hereunto set my hand and affixed  
the Great Seal of the State of South  
Dakota, at Pierre, the Capital, this  
March 11, 2015.

*Shantel Krebs*

**Shantel Krebs**  
Secretary of State

15 MAR 17 PM 4:40

FILED