M16000001937

(Requ	uestor's Name)		
. (Addr	ess)		
(Addr	ess)		
(City/	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Fi	ling Officer:		





000281912290

02/12/16--01011--007 **70.00 02/25/16--01025--009 **55.00

TALLAHASSTE FLORIDA

WAR OS ZOVE J. HARRIS

COVER LETTER

10: Registration Section Division of Corporation	ns	
SUBJECT: SO	outhern Roots Local Market, LLC Name of Limited Liability Company	
The enclosed "Application by Fore Existence, and check are submitted	reign Limited Liability Company for Authorization to Transact Business in Florida," ed to register the above referenced foreign limited liability company to transact busing	Certificate of ess in Florida
Please return all correspondence c	concerning this matter to the following:	
	Jana Stokos Name of Person	
Sout	them Roots Local Market UC Firm/Company	
2	Greensport Rd. Address	281
	Ohatchee, AL 36271 City/State and Zip Code	6 HAR -4
ŭ	E-mail address: (to be used for future annual report notification)	PK 3: 20
For further information concerning	g this matter, please call:	0
Jana Stol	KUS at (256) 393-3444 of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following St. \$125.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \\$130.00 \text{ Filing Fee & } \Boxed{\Boxesia} \\$155.00 \text{ Filing Fee & } \Boxed{\Boxesia} \\$160.00 \text{ Filing Fee, Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy}	
\$5500	Have a credit of \$70.00 (ck#5002)	



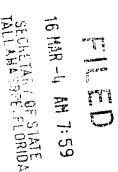
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2016

JANA STOKES 21 GREENSPORT RD OHATCHEE, AL 36271

SUBJECT: SOUTHERN ROOTS LOCAK MARKET, LLC

Ref. Number: W16000011210



We have received your document for SOUTHERN ROOTS LOCAK MARKET, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00003133

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 F COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN	LIMITE.	D LIABILITY
1. Southern Roots Local Market, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "			_
(Name of Foreign Limited Liability Company; "ust include "Limited Liability Company," "L.L.C.," or " COCO LOCOS Drink Paradise	LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name	must inc	ude "L	— imited
Liability Company," "L.L.C," or "LLC.")			
2. Alahama 3. 46-3309259 (FEI number, if applicable)			_
4. Nowbusiness			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. Leo Pierrark Dr. Space 19	Z SE	<u>~</u>	
Yanama City Blach, Florida 32413 (Street Address of Principal Office)		25	n d P parting
6. 21 Greensport Rd.			2 .EM 34ar
Ohatchee AL 36271			11
(Mailing Address)		7: 5	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	<u></u>	9	
Name: Jaha Stokis			
Office Address: 600 Pier Park Dr.			
Panama City Beach . Florida 32413			
Registered agent's acceptance: (Zip code)			
Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this	y compa conacity.	ny at th . I furi	he place ther agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, a			
accept the obligations of my position as registered agent.			
(Registered agent's signature)			
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
Jana Stokes - pwner			
21 Greensport Rd.			
Ohatchee A) 2/27)			
Unaterial, IT L 362 [1			
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cu jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of to of the translator must be submitted)	stody of he certifi	records cate un	s in the der oath
Signature of an authorized person			
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any f submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	alse infor 55, F.S.	matior	l
Tana Stokes Typed or printed name of signee			
Types of Printed name of Signer			

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that SOUTHERN ROOTS LOCAL MARKET, LLC was formed in Etowah County, Alabama on September 6, 2013. The Alabama Entity Identification number for this entity is 286-959. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

3/2/2016

Date

X 24. Merill

20160302000023306

John H. Merrill

Secretary of State