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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

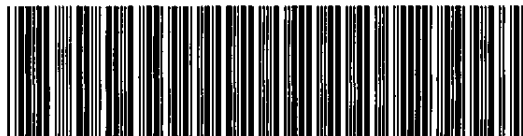
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W16-16454  
647

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 FEB 26 PM 2:16

MAR 21 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2016

URI LITV AK  
THE LAW OFFICES OF URI LITV AL.A PC  
2424 SE BRISTOL STREET STE 300  
NEW PORT BEACH, CA 92660

SUBJECT: ARCTICFARMA, LLC  
Ref. Number: W16000016454

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 FEB 26 PM 2:16

We have received your document for ARCTICFARMA, 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):

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.

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: 116A00004579

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

ARCTICFARMA, LLC, A Delaware Limited Liability Company

**SUBJECT:** \_\_\_\_\_  
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:

URI LITVAK

Name of Person

THE LAW OFFICES OF URI LITVAK, A PC

Firm/Company

2424 SE BRISTOL ST STE 300

Address

NEWPORT BEACH, CALIFORNIA 92660

City/State and Zip Code

ulitvak@urilitvak.com

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

For further information concerning this matter, please call:

URI LITVAK

949

477-4900

at ( )

Name of Contact Person

Area Code

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

**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. ARCTICFARMA, 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. DELAWARE 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. 110 S. E. 6TH STREET, SUITE 1700  
FORT LAUDERDALE, FLORIDA 33301  
(Street Address of Principal Office)

6. 110 S. E. 6TH STREET, SUITE 1700  
FORT LAUDERDALE, FLORIDA 33301  
(Mailing Address)

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

Name: BRADY J COBB  
Office Address: 642 N.E. 3RD AVENUE  
FORT LAUDERDALE, Florida 33304  
(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.*

\_\_\_\_\_  
(Registered agent's signature)

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

ANDREW H JACOBSON, MANAGER

110 S.E. 6TH STREET SUITE 1700

FORT LAUDERDALE, FL 33301

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Andrew Jacobson  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Andrew Jacobson

Typed or printed name of signee

FILED  
STATE  
SECRETARY OF  
FLORIDA  
16 FEB 26 PM 2:15  
TALLAHASSEE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ARCTICFARMA, LLC" IS DULY FORMED UNDER  
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A  
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF  
THE FIFTEENTH DAY OF MARCH, A.D. 2016.

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 FEB 26 PM 2:16



  
Jeffrey W. Bullock, Secretary of State

5954730 8300

SR# 20161667565

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 201989461

Date: 03-15-16

02/03/2016 10 07 FAX 9498528510

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:10 PM 02/02/2016  
FILED 03:10 PM 02/02/2016  
SR 20160541597 - File Number 5954730

STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 FEB 26 PM 2:16

• First: The name of the limited liability company is ArcticFarma, LLC

• Second: The address of its registered office in the State of Delaware is  
16192 Coastal HWY. in the City of Lewes  
Zip Code 19958

The name of its Registered agent at such address is Harvard Business  
Services, Inc.

• Third: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
27 day of January, 2016

By [Signature]  
Authorized Person(s)

Name: Andrew Jacobson  
Typed or Printed

02/03/2016 10:07 FAX 9498528510

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:10 PM 02/02/2016  
FILED 03:10 PM 02/02/2016  
SR 20160541597 - File Number 5954730

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 FEB 26 PM 2:16

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO  
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is FLORIDA.
- 2.) The jurisdiction immediately prior to filing this Certificate is FLORIDA.
- 3.) The date the Non-Delaware Limited Liability Company first formed is March 20, 2015.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is ArcticFarma, LLC, a Florida LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is ArcticFarma, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
22 day of February, A.D. 2016.

By:   
Authorized Person

Name: Andrew Jacobson  
Print or Type