MINDOONIUSA

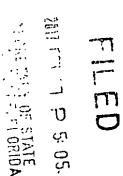
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Br	usiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



200295535572

02/17/17--01021--015 **125.00



S Warren FEB 2 0 2017

COVER LETTER

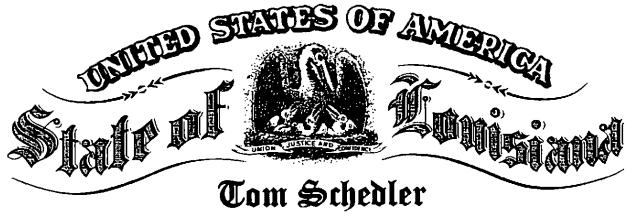
3

JBJE	Hydroxinate LLC CT:
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
ease i	eturn all correspondence concerning this matter to the following:
	Landon White
	Name of Person
	Hydroxinate LLC
	Firm/Company
	3113 Daquin Street
	Address
	Jefferson, LA, 70121
	City/State and Zip Code
	manager@hydroxinate.com
	E-mail address: (to be used for future annual report notification)
r turt	ner information concerning this matter, please call:
	Landon White 504 655-5368
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Cliffon BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
close	d is a check for the following amount: S125.00 Filing Fee Fee S125.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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:

ability Company," "L.L.C,"	ernate name adopted for or "LLC.")	the purpose of	transacting business	s in Florida. T	he alternat	te name n	nust incl	ude "Limited
Jefferson, Louisiana	,		3. 81-3289058					
Jurisdiction under the law o company is organized)	of which foreign limited	liability	J	(FEI numb	er, if appli	cable)		
We would like to begin	operating on March 1	, 2017						
	(Date first transa (See sections 605.0	cted business in	n Florida, if prior to	registration.)	lity)			
3113 Daquin Street, Jef			•		,			
		•		,				
	(Street /	Address of Prin	cipal Office)					
3113 Daquin Street, Jeff	erson, LA 70121						5 n	
					-		7	7)
		(Mailing Add	lress)	-	· · · · · ·		. ;	m
Name and street address	of Florida registered	agent: (P.O.	Box NOT accepta	able)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1	m
Name:	Beau Pinegar		<u> </u>	,		ري دي الله الم	U	D
Name.				-		STATE	<u>လ</u> လ်	
	2020 Beauday Stev	at Cirili Danas	o El			\cup_{Γ^1}	ப	
Office Address:	2920 Browder Stree	et, Gulf Breez		-		➣	-	
Office Address:	2920 Browder Stree			- _ , Florida	32563	➣	-	
		et, Gulf Breez (City)		- _ , Florida	32563 (Zip cod	➣	-	
gistered agent's accept ving been named as reg	ance: pistered agent and to a	(City)	of process for the	e above state	Zip cod ed limited	c)		
gistered agent's accept wing been named as reg signated in this applicat complywith the provisio	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat	(City) accept service the appointme tive to the pro	of process for the	e above state gent and agi	Zip cod ed limited ree to act	e) liability in this c	apacity	. I further ag
gistered agent's accept wing been named as reg signated in this applicat complywith the provisio	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat	(City) accept service the appointme tive to the pro	of process for the	e above state gent and agi	Zip cod ed limited ree to act	e) liability in this c	apacity	. I further ag
gistered agent's accept wing been named as reg signated in this applicat complywith the provisio	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat	(City) accept service the appointme tive to the pro ed agent.	of process for the nt as registered as oper and complete	e above state gent and agi	Zip cod ed limited ree to act	e) liability in this c	apacity	. I further ag
gistered agent's accept wing been named as reg signated in this applicat complywith the provisio	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat	(City) accept service the appointme tive to the pro ed agent.	of process for the	e above state gent and agi	Zip cod ed limited ree to act	e) liability in this c	apacity	. I further ag
gistered agent's accept wing been named as reg signated in this applicat complywith the provisio cept the obligations of n	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat ny position as register	(City) accept service the appointme tive to the pro ed agent. (Registered	of process for the ent as registered as oper and complete (negation signature)	e above state gent and ag performand	(Zip cod ed limited ree to act ce of my a	e) liability in this c	apacity	. I further ag
egistered agent's accept aving been named as reg signated in this applicate complywith the provision cept the obligations of n	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat ny position as register. city and address of the	(City) accept service the appointme tive to the pro ed agent. (Registered	of process for the ent as registered apper and complete days and agont's signature) to has/have authorical agont and agont ago	e above state gent and ag performand	(Zip cod ed limited ree to act ce of my a	e) liability in this c	apacity	. I further ag
egistered agent's accept aving been named as reg signated in this applicate complywith the provision cept the obligations of n The name, title or capac	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat ny position as register. city and address of the	(City) accept service the appointme tive to the pro ed agent. (Registered	of process for the ent as registered apper and complete days and agont's signature) to has/have authorical agont and agont ago	e above state gent and ag performand	(Zip cod ed limited ree to act ce of my a	e) liability in this c	apacity	. I further ag
Office Address: egistered agent's accept aving been named as reg signated in this applican complywith the provision cept the obligations of n The name, title or capal andon White, Managing	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat ny position as register. city and address of the	(City) accept service the appointme tive to the pro ed agent. (Registered	of process for the ent as registered apper and complete days and agont's signature) to has/have authorical agont and agont ago	e above state gent and ag performand	(Zip cod ed limited ree to act ce of my a	e) liability in this c	apacity	. I further ag
egistered agent's accept aving been named as reg signated in this applicate complywith the provision cept the obligations of n The name, title or capac	ance: gistered agent and to a ion, I hereby accept th ns of all statutes relat ny position as register. city and address of the	(City) accept service the appointme tive to the pro ed agent. (Registered	of process for the ent as registered apper and complete days and agont's signature) to has/have authorical agont and agont ago	e above state gent and ag performand	(Zip cod ed limited ree to act ce of my a	e) liability in this c	apacity	. I further ag
gistered agent's accept twing been named as reg signated in this applicant complywith the provision cept the obligations of no The name, title or capa- andon White, Managing in Attached is a certificate of	ance: ristered agent and to a ion, I hereby accept th ns of all statutes relat ny position as register city and address of the Member, 3113 Daquin	(City) accept service the appointme tive to the pro ed agent. (Registered person(s) wh Street, Jeffer	of process for the ent as registered apper and complete dage at signature) no has/have authorisson, LA 70121	e above state gent and age performance ity to manage	(Zip cod ed limited ree to act ce of my a	e) liability in this c luties, an	apacity nd I and	Tecords in the
gistered agent's accept wing been named as reg signated in this applican complywith the provision cept the obligations of n The name, title or capa- ndon White, Managing	ance: pistered agent and to a ion, I hereby accept the ns of all statutes relate ny position as register city and address of the Member, 3113 Daquin of existence, no more to f which it is organized	(City) accept service the appointme tive to the pro ed agent. (Registered person(s) wh Street, Jeffer	of process for the ent as registered apper and complete dage at signature) no has/have authorisson, LA 70121	e above state gent and age performance ity to manage	(Zip cod ed limited ree to act ce of my a	e) liability in this c luties, an	apacity nd I and	Tecords in the
gistered agent's accept wing been named as registenated in this applicant complywith the provision rept the obligations of mandon White, Managing and White, Managing and Attached is a certificate disdiction under the law of the law	ance: pistered agent and to a ion, I hereby accept the ns of all statutes relate ny position as register city and address of the Member, 3113 Daquin of existence, no more to f which it is organized	(City) accept service the appointme tive to the pro ed agent. (Registered person(s) wh Street, Jeffer	of process for the ent as registered apper and complete dage at signature) no has/have authorisson, LA 70121	e above state gent and age performance ity to manage	(Zip cod ed limited ree to act ce of my a	e) liability in this c luties, an	apacity nd I and	Tecords in the



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

HYDROXINATE, LLC

Domiciled at JEFFERSON, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on July 15, 2016,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 11, 2017

Certificate ID: 10795522#LJH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 42330564K