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COVER LETTER

TO:	Registration Section Division of Corporatio	ns						
SUBJI	NUMNUM, LLC							
		Name of	Limited Liability	Company				
The en Exister	closed "Application by Fonce, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza renced foreign limi	ation to Tr ited liabili	ransact Business in Florida," Cert ty company to transact business in	ificate of n Florida		
Please	return all correspondence	concerning this matter to the	following:					
	Doug Gonterm	an						
	Name of Person							
	Numnum, LLC	:						
	Firm/Company							
	401 North Sunset Blvd.							
			Address					
	Gulf Breeze, F	Gulf Breeze, FL 32561						
	City/State and Zip Code							
	doug@numnumi	nc.com						
	- 	E-mail address: (to be use	d for future annual	report no	tification)			
For fur	ther information concerning	g this matter, please call:						
	Doug Gonterman		770 at (904-99)	09			
	Name o	of Contact Person	Area Code		ytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exe	of Corporations cion Section Suilding secutive Center Circle			
Enclose	ed is a check for the follow \$125.00 Filing Fee	ing amount: \$130.00 Filing Fec & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	ate		

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

NUMNUM, LLC	SINESS IN THE STATE OF PEORIDA:		
1.	eign Limited Liability Company; must inclu	ude "Limited Liability Company," "L.L.C.," or "LLC	2.")
Liability Company," "L.L.C,	lternate name adopted for the purpose of tra " or "LLC.")	ansacting business in Florida. The alternate name mu	ist include "Limited
2. Georgia	3.		
company is organized) 4.	of which foreign limited liability $4-1-201$		
5. 401 North Sunset Blvd	(Date first transacted business in F (See sections 605,0904 & 605,0905)	F.S. to determine penalty liability)	
Gulf Breeze, FL 32561			
	(Street Address of Princip	al Office)	17
6, 401 North Sunset Blvd			APR
Gulf Breeze, FL 32561			70
	(Mailing Addres	s)	
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	P# -
Name:	Doug gonterman		+: 24
Office Address:	401 North Sunset Blvd.		34
	Gulf Breeze	, Florida 32561	
Registered agent's accep	(City)	(Zip code)	
designated in this application to complywith the provision to the complywith the complex to the complex	tion, I hereby accept the appointment to one of all statutes relative to the proper my position as registered asternal.	process for the above stated limited liability cast registered agent and agree to act in this cap rand complete performance of my duties, and gent's signature)	pacity. I further agree
8. The name, title or capa	city and address of the person(s) who h	nas/have authority to manage is/are:	
Doug Gonterman - Chief I			
			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the certifical bmitted)	duty authenticated by the official having custo ate is in a foreign language, a translation of the official whorized person	dy of records in the certificate under oath
This document is executed submitted in a document to	in accordance with section 605,0203 (1) the Department of State constitutes a	(1) (b), Florida Statutes. I am aware that any falso airti degree felony as provided for in s.817.155,	: information F.S.
	Doug Gonterman		
	Typed or printed r	name of signee	

Control Number: 12058478

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NUMNUM, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

14458633 107/02/2012 Georgia 104/05/2017



Brian P. Kemp Secretary of State