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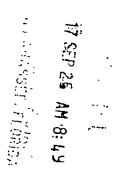
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COVER LETTER

TO:

то:	Registration Section Division of Corporation	ns				
SUBJI	HS Products LLC					
a C Da i		Name of I	imited Liability Company			
The en Exister	closed "Application by For	eign Limited Liability Comp d to register the above refere	any for Authorization to Tenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida.		
Please	return all correspondence of	concerning this matter to the	following:			
	Andre Calixte					
		N:	ame of Person			
	Warehouse Go	ods LLC				
		Fi	rnı/Company			
	6501 Park of C	ommerce Blvd, Suite 200				
	Address					
	Boca Raton, Fl	. 33487				
		City/S	tate and Zip Code			
	acalixte@gnln.co	om				
		E-mail address: (to be used	for future annual report no	otification)		
For fu	rther information concerning	g this matter, please call:				
	Andre Calixte		561 503-4	288		
	Name o	of Contact Person		ytime Telephone Number		
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Registra Clifton 2661 E:	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301		
Enclos	sed is a check for the follow \$125.00 Filing Fee	ring amount: ■ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l'name unavailable, enter alternate ii	ame adopted for the purpose of transacting business in			bility Company," "L.L.C," or "LLC.")
Delaware Ourisdation under the law of w	nich foreign limited liability company is organized)	3. 35-260	2835 (FEL numb	ber, if applicable)
. <u>N/A</u>	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605 0905, F.S. to det	or to registration.)		
6501 Park of Commerc			ark of Commerce B	lvd, Suite 200
(Street Address of I Boca Raton, FL 33487	Principal Office)		(Mailing Add	ress)
Boca Raton, 1 E 33487				
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptab	le)	
Name:	Warehouse Goods LLC			
Office Address:	6501 Park of Commerce Blvd Suite	200		
	Boca Raton		Florida 33487	
lesignated in this applica a comply with the provis	(City) Cance: Igistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the pross of my position as registered agency.	of process for the o it as registered age	above stated limited int and agree to act	I liability company at the place in this capacity. I further ag
Having been named as relesignated in this applica o comply with the provisind accept the obligation 8. The name, title or cap	tance: rgistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro- s of my position as registered agent (Registered agent active and address of the person(s) who	of process for the of the as registered age gor and complete profits signature)	above stated limited int and agree to act performance of my y to manage is/are:	I liability company at the place in this capacity. I further against duties, and I am familiar with
Having been named as relesignated in this applicate ocomply with the provisional accept the obligation 8. The name, title or capacity:	tance: egistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro- s of my position as registered agent (Registered agent actity and address of the person(s) who	of process for the of the aregistered age por and complete process for the office of the complete process for the complet	above stated limited int and agree to act performance of my y to manage is/are: lapacity:	I liability company at the place in this capacity. I further ag duties, and I am familiar with Name and Address:
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Having been named as relesignated in this applicate ocomply with the provisional accept the obligation. 8. The name, title or cap. Title or Capacity: Aaron LoCascio, CE. (Use attachments if neces)	tance: registered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent (Registered agent acity and address of the person(s) who Name and Address: 0 6501 Park of Commerce B Suite 200 Boca Raton. FL 33487	of process for the of as registered age per and complete	above stated limited ont and agree to act overformance of my yeto manage is/are: Capacity: Capp. CFO	Name and Address: 6501 Park of Commerce B Suite 200 Boca Raton, Et. 33487

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "HS PRODUCTS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE EIGHTH DAY OF AUGUST, A.D. 2017, AT 1:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE ASSETLED!

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203256501

Date: 09-20-17

6505566 8315 SR# 20176242386