

M17000010918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

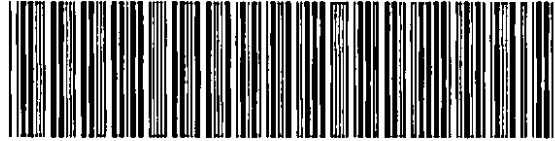
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 27 2017

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**HUMM KOMBUCHA LLC**

**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:

Brian Grossman

\_\_\_\_\_  
Name of Person

Humm Kombucha LLC

\_\_\_\_\_  
Firm/Company

20720 NE Brinson Blvd.

\_\_\_\_\_  
Address

Bend, OR 97701

\_\_\_\_\_  
City/State and Zip Code

brian@hummkombucha.com

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

For further information concerning this matter, please call:

Brian Grossman

541

905-0700

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

# 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. Humm Kombucha 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. Oregon

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-4387885

(FEI number, if applicable)

4. Not yet to transact business in Florida --- plan to starting January 2018

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 20720 NE Brinson Blvd.

(Street Address of Principal Office)

Bend, OR 97701

6. 20720 NE Brinson Blvd.

(Mailing Address)

Bend, OR 97701

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

Name:

Registered Agents Inc.

Office Address:

3030 N. Rocky Point Dr., STE 150A

Tampa

(City)

, Florida

33607

(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 am familiar with and accept the obligations of my position as registered agent.

Brian Grossman

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

CEO

Jamie Danek

Vice President

Brian Grossman

20720 NE Brinson Blvd.

Bend, OR 97701

20720 NE Brinson Blvd.

Bend, OR 97701

(Use attachments if necessary)

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)

10. 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.

Brian Grossman

Signature of an authorized person

Brian Grossman

Typed or printed name of signer

RECEIVED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
17 OCT 2017 PM 4:49

# *State of Oregon*

OFFICE OF THE SECRETARY OF STATE  
*Corporation Division*

## **Certificate of Existence 936A272E4**

*I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

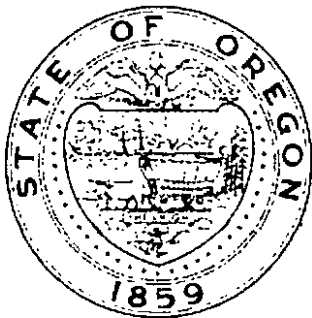
**HUMM KOMBUCHA LLC**

*is*

**Organized**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

A handwritten signature in cursive script, reading "Dennis Richardson".

**DENNIS RICHARDSON, SECRETARY OF STATE**

*12/20/2017*