190000845

		<u> </u>
(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
/Ru	isiness Entity Nan	ne)
(50	isiness Littly Ivan	ne,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200323660132

200323660132 01/25/19--01004--003 **1125.00

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/24/201	19	**WALK IN*
ENTITY NAME_	SMOOTHIEBOX, LLC	
DOCUMENT NU	MBER	
	PLEASE FILE THE ATTACHED AND RETURN	
xx	Plain Copy	
	Certified Copy Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	/
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DI NUMBER OF CEN	ESTINATION	
TOTAL OWED_	\$125.00 CHECK #5698	
Please call Ti	ina at the above number for any issues or concerns. Thank	you so much!

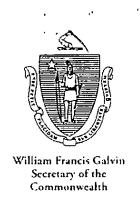
COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJI	SMOOTHII CT:	EBOX, LLC				
(.15.71		Name	of Limited Liability	Company		
The en- Exister	closed "Application ice, and check are s	n by Foreign Limited Liability Co submitted to register the above rel	mpany for Authoriza ferenced foreign limi	ation to Tr ited liabilit	ansact Business in Florida," (y company to transact busine	Certificate of ss in Florida.
Please	return all correspor	ndence concerning this matter to t	he following:			
	Sherry A	Amspacher				
			Name of Person			
	Harbor	Compliance				
			Firm/Company			
	1830 C	olonial Village Lanc				
Address						
	Lancast	ter, PA 17601				
		City	:/State and Zip Code	-		
	filing@ h	arboreompliance.com				
		E-mail address: (to be u	sed for future annua	l report no	tification)	
For fur	ther information co	incerning this matter, please call;				
	Sherry Amspach	er .	717 at (431-94		
		Name of Comact Person	Area Code		vtime Telephone Number	
	MAILING ADD Division of Corpo Registration Sect P.O. Box 6327 Tallahassee, FL 3	orations ion		Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the	e following amount: g Fee	□ \$155.00 Fili Certified Copy		□ \$160.00 Filing Fee, Cer of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.09(2, FLORIDA STATUTES THE FOLLOWING SCHMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSFORM STATE OF FLORIDA:

COMPANYTO TRANSACT BU	SINESS IN THE STATE OF FLORIDA:		
SMOOTHIEBOX, LL	C	and Londilla Command 221 1 C 20 - 21 1 C	
thame of Foreign	committee Liantiffy Company, must include a limit	ted transiting Company, Line, or the	,
(II name unavailable, ente; alternate ;	same adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited I	nability Company," "L.L.C," or "LLC")
Massachusetts		3. 81-1450041	
*·	but fireign limited liability company is organized)	(I'E) pu	unbur, if applicable)
4 June 4, 2018			
	(Date first transacted business in Florida, if prior it (See sections (615-0904 & 605-0905, I-S) to determ	o registration) more penalty liability)	- —
ς 12 Eliot Street		6. 12 Eliot Street	
(Sireet Address of		(Mailing A	ddress)
Cambridge, MA 02138	3	Cambridge, MA 02138	
			need.
 Name and <u>street addres</u> 	ss of Florida registered agent: (P.O. Bo	x NOII acceptable)	200
Name:	Registered Agents Inc		
0.75	7901 -4th St N Ste 300		JAN T
Office Address:			Z4 ≥ □
	St_Petershurg	Florida 33702 (Zipa	ode) $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
Registered agent's accep	**	(1.3)	
	ions of all statutes relative to the prope s of my position as registered agent.	r una comprese perjormance of m	v auties, and 1.4m jumitar with
	(Re-assered agent'	s signature)	•
	acity and address of the person(s) who h		
Title or Capacity:	Name and Address:	Title or Capacity;	Name and Address:
Member/Manager	Mike Salguero	_	
	12 Eliot Street Cambridge, MA 02138		
			
	•		
(Use attachments if neces	sarv)		
		and the second control of the second control	
	of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted)		
	uted in accordance with section 605,020 of the Department of State constitutes a th		
	Name to 1	re of an authorized person	=



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

November 2, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

SMOOTHIEBOX, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 24, 2018.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

l also certify that the names of all managers listed in the most recent filing are: MICHAEL SALGUERO

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: MICHAEL SALGUERO

The names of all persons authorized to act with respect to real property listed in the most recent filing are: MICHAEL SALGUERO



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galecin