

OCT 16 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LB Coconut Grove, LLC
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:

Marina Roulis
Name of Person
Aurify Brands, LLC
Firm/Company
56 West 22nd Street, 2nd Floor
Address
New York, NY 10010
City/State and Zip Code
marina@aurifybrands.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marina Roulis 646 649-9810
Name of Contact Person at (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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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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:

1. LB Coconut Grove, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Little Beet Coconut Grove, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

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

3. 84-2540483

(FEI number, if applicable)

4.

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

5. c/o Aurify Brands, LLC

(Street Address of Principal Office)

6. c/o Aurify Brands, LLC

(Mailing Address)

56 West 22nd Street, 2nd Floor

56 West 22nd Street, 2nd Floor

New York, NY 10010

New York, NY 10010

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

Name: Registered Agents, Inc.

Office Address: 7901 4th Street N Ste 300

St. Petersburg

(City)

33702

, Florida

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

Bill Hanna

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: John Rigos	<input type="checkbox"/> Manager	Name: Andrew Stern
<input checked="" type="checkbox"/> Member	Address: 56 West 22nd Street	<input checked="" type="checkbox"/> Member	Address: 56 West 22nd Street
<input type="checkbox"/> Authorized	2nd Floor	<input type="checkbox"/> Authorized	2nd Floor
Person	New York, NY 10010	Person	New York, NY 10010
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Signature of an authorized person

Andrew Stern

Typed or printed name of signer

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NOT RECORDED

aurifybrands

56 West 22nd St., 2nd Floor
New York, NY 10010
Tel 212 505.5861
Fax 646.649.8065

September 24, 2019

Federal Express

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: LB Coconut Grove, LLC
EIN 84-2540483

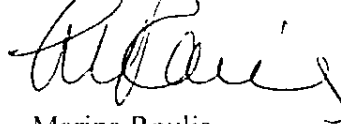
To Whom It May Concern:

Enclosed please find the above entity's application to transact business in the State of Florida as a foreign entity, together with the cover letter, check in the amount of \$125 payable to Florida Department of State and the State of Delaware Certificate of Good Standing.

If there is any additional information you need, please contact me at 646-649-9810 or by email at marina@aurifybrands.com.

Thank you.

Very truly yours,



Marina Roulis
Chief of Staff

Enclosures

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aurifybrands

Delaware

The First State

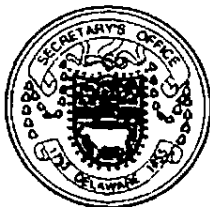
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LB COCONUT GROVE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LB COCONUT GROVE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2019.

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

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7536123 8300

SR# 20197129512

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203631465

Date: 09-19-19