M19000011398

uestor's Name)	
ress)	
ress)	
/State/Zip/Phone	e #)
☐ WAIT	MAIL
iness Entity Nan	ne)
ument Number)	
Certificates	of Status
iling Officer:	
	ress) /State/Zip/Phone WAIT iness Entity Narr ument Number) Certificates

Office Use Only



300336315213

11/87/19--01016--807 **160.88

019 NOV -7 PI1 4: 29

COVER LETTER

TO:

Registration Section

Division of Corporations EEmerging Growth Enterprise 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: Kaare Holm Name of Person **Emerging Growth Enterprise LLC** Firm/Company 7825 Fav Ave. STE 200 Address La Jolla, CA 92037 City/State and Zip Code kaare@emergingenterprise.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kaare Holm Name of Contact Person Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 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 & ☐ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION (05.0)(02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me adopted for the purpose of transacting business in Fl	onda. The alternate name must in	clude "Limited Liability Com	pany," "L.L.	C," or "U.C.
ich foreign himited hability company is organized)	3	3. (FEI number, if applicable)		
(Date first transacted business in Florida, if prior to (See sections 605 090) & 605 0905, F.S. to determ	registration) nine penalty hability)	<u> </u>		
Ave. STE 200			STE	200
	La Jol		037	
			_	
				2019
s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)			20 9 NOV -7
Registered Agen	ts Inc.			
7901 4th St N S	ΓΕ 300			PH 4:29
St. Petersburg	. Florie	33702		
	(Date first transacted business in Florida, if prior to 18cc sections 605 0904 & 605 0905, F.S. to determ Ave. STE 200 (macipal Office) A 92037 Registered agent: (P.O. Book 1901 Agent 1	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) Ave. STE 200 A 92037 A 92037 La Joll Registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. 7901 4th St N STE 300	(Date first transacted business in Florida, if prior to registration.) (Note: STE 200 A 92037 A 92037 Character agent: (P.O. Box NOT acceptable) Registered Agents Inc. 7901 4th St N STE 300 (FEI number, if apple (FE	(Date first transacted business in Florida, if prior to registration.) (Nec. STE 200 Ave. STE 200 A 92037 La Jolla, CA 92037 Registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. 7901 4th St N STE 300

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Lina Ramos Name: Kaare Holm ■ Manager ■ Manager Address: 7825 Fay Ave, STE 200 Address: ____ 7825 Fay Ave, STE 200 Member ■ Member La Jolla, CA 92037 La Jolla, CA 92037 Authorized Authorized Person Person Other___ Other_____ Other ____ Other_ Manager | Name: _____ Manager Address: _____ Member | Member Address: _____ Authorized Authorized Person Person Other_____ Other____ Other_____ Manager Manager Name: Manager Name: _____ Address: Member Address: Member ☐ Authorized Authorized Person Person Other Other____ Other ____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Kaare Holm

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: EMERGING GROWTH ENTERPRISE LLC

FILE NUMBER: FORMATION DATE:

200226410062 09/18/2002

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the figuracial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 4, 2019.

ALEX PADILLA Secretary of State