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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

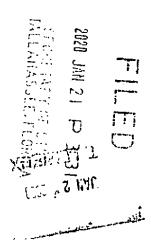
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COVER LETTER

TO:

Registration Section

Name of Limited Liability Company				
	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.			
e return all correspondence concerning this matter	to the following:			
Cynthia Ellison				
	Name of Person			
Incredible Edibles Catering LLC				
	Firm/Company			
36440 S. 4465 Rd.				
	Address			
Vinita, Ok 74301				
	City/State and Zip Code			
Incredible918@gmail.com				
E-mail address: (to b	e used for future annual report notification)			
orther information concerning this matter, please ca	all:			
Cynthia Ellison	918 323-1175			
Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Incredible Edibles Ca	tering LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilii	ity Company," "L.L.C.," or "LI.C.")		
Of name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	lorida The	he alternate name must include "Limited Liability Company," "L.L.C," or "LLC,")		
Oklahoma 2.		3	STS-14661349-04 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)		
March 06, 2020 4.					
T	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registratio ine penalty	ion) Ity liability)		
36440 S. 4465 Rd.			36440 S. 4465 Rd		
5. (Street Address of Principal Office)		6.	(Mailing Address)		
Vinita, Ok 74301			Vinita, Ok 74301		
		NOT			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	_acceptable) 27. 28		
Name:	Kerry Cochell		JAN 2		
Office Address:	5008 Palmetto Dr.				
	Ft. Pierce		34982 ్ల్లు Florida ట		
	(City)		(Zip códe)		

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.

Kerry E. Cochell
(Registered agent's signature)

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: Cynthia Ellison Mark Ellison □Manager Name: □Manager 36440 S. 4465 Rd 36440 S. 4465 Rd. **■** Member Address: ` □Member Address: Vinita, Ok 74301 Vinita, Ok 74301 ■Authorized □ Authorized Person Person □Other_____ □Other Other____ Other____ □ Manager □ Manager Name: □Member □Member Address: Address: □ Authorized ☐ Authorized Person Person Other____ □Other____ □Other ___ □Other_____ □Manager Name: □ Manager □Member □Member Address: Address: □ Authorized □ Authorized Person Person Other____ 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 5.\$17.155, F.S. Signature of an authorized person

Typed or printed name of signee

MAIK Ellison

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

IFURTHER CERTIFY that INCREDIBLE EDIBLES CATERING LLC whose registered agent is CYNTHIA L. ELLISON, with its registered office at 327 SUNSET AVE. VINITA 74301 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>15th</u>, day of <u>January</u>, <u>2020</u>.

Secretary Of State