2/6/2020

Division of Corporations

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From:

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Phone : (323)962-8600

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## Foreign Limited Liability Company **PUROGEN BOTANICS, LLC**

Certificate of Status	0
Certified Copy	11
Page Count	05
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## COVER LETTER

TO:		ration Section in of Corporations				
SUBJE	~~	JROGEN BOTANI				_
0011111			Name	Name of Limited Liability Company		
The end Existen	losed "A ce, and c	application by Forei heck are submitted	gn Limited Liability Co to register the above re	impany for Authoriza ferenced foreign limi	ition to Transact Business in Florida ted liability company to transact bus	," Certificate of iness in Florida.
Please r	eturn all	correspondence co	ncerning this matter to t	he following:		
		Cheyenne Mosel	еу			
				Name of Person		_
		Legalzoom.com,	Inc.			
				Firm/Company		<del>-</del>
101 N Brand Blvd 11th Fl						
Address						_
		Glendale, CA 91	203			
			Çit	y/State and Zip Code		_
		alanjnovotny@gm				
			E-mail address: (10 be 1	ised for future annual	report notification)	<del>-</del>
For fun	her info	mation concerning	this matter, please call:			
	Cheye	nne Moseley		800 a1 (	773-0388	
		Name of	Contact Person	Area Code	Daytime Telephone Number	<b></b>
	Division Registr P.O. B	ing address: on of Corporations ration Section ox 6327 assec, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Please	ed is a check for the make check payable 25.00 Filing Fee	e following amount: e to: FLORIDA DEPA S130.00 Filing Fe Certificate of	e & 🗏 \$155.00		g Fee, Certificate ertified Copy

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PUROGEN BOTANICS	5. LEC Limited Liability Company; must include "Limited	T inhilit	Company ""11C" o	r"LLC.")	<u></u>	
(vame or tenerga	mined Laminy Company, most mender connec	. <b>C.</b>	Company, massing a	,,		
ell'instre imavailable, enter alternate na	ime adopted for the purpose of transacting business in Flor	ida. The sl	terreste mine must include "l	Limited Liability Company," "I	. l. C." or "LLC.	
Nevada			82-1477113			
(Jurisdiction under the law of which foreign finited hability company is organized)		J.		(FEI manber, if applicable)		
4						
	(Date liest transacted business in Florida, if prior to the tSee sections 605 0904 & 605 0905, F.S. to determine	ne benutz ise benutz	) hability)			
5. (Street Address of P	rmeipal Offices	6.		huhug Address)		
941 W. Morse Blvd. St	uite #100		941 W. Morse Blve	d. Suite #100		
Winter Park, Florida 32789			Winter Park, Florida 32789			
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT :	acceptable)	183 B31	-/-	
Name:	UNITED STATES CORPORATION	AGEN	TS, INC.	7 5 A		
Office Address:	5575 S. Semoran Blvd., Suite 36				O	
	Orlando		32 , Florida	2822		
	(City)		·	(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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC. (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]:

Title or Capacity:  ☐Manager  ☐Member  ☐Authorized  Person	Name and Address: PUROGEN BOTANICS, LLC  Address: 941 W. Morse Blvd. Suite #100  Winter Park, Florida 32789	Title or Capacity:  Manager  Member  Authorized  Person	Name and Address:  Full Spectrum Resources LLC  941 W. Morse Blvd. Suite #100  Address:  Winter Park, Florida 32789
Other	Other	Other	Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	Manager  Member  Authorized  Person  Other	Name:
<u> </u>	Name:	Manager	Name:
□Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

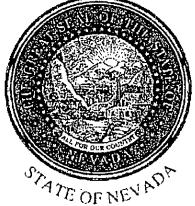
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 fulse 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

Alan Novotny, member on behalf of PUROGEN BOTANICS, LLC

SECRETARY OF STATE





1. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PUROGEN BOTANICS, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/17/2017, and is in good standing in this state.



Certificate Number: B20200206566026

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/06/2020.

> Barbara K. Cegarste BARBARA K. CEGAVSKE Secretary of State