

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BRANT, REITER, MCCORMICK & JOHNSON, P.A.
Account Number : I20040000043
Phone : (904)358-2750
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jdmccormick@barmjlaw.com

Foreign Limited Liability Company
FLORACHEM HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2020 FEB -6 PM 4:13



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORACHEM HOLDINGS, 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:

JAN D. MCCORMICK, ESQ.

Name of Person

BRANT, REITER, MCCORMICK & JOHNSON, P.A.

Firm/Company

135 WEST BAY STREET, SUITE 400

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

jdmccormick@branjlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan D. McCormick

Name of Contact Person

at (904)

Area Code

366-2391

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. FLORACHEM HOLDINGS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "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. 35-2682620

(FBI 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))

2664 PORT INDUSTRIAL DRIVE

2664 PORT INDUSTRIAL DRIVE

5. _____
(Street Address of Principal Office)

JACKSONVILLE, FL 32226

6. _____
(Mailing Address)

JACKSONVILLE, FL 32226

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

Name:

JON R. LEONARD

Office Address:

2664 PORT INDUSTRIAL DRIVE

JACKSONVILLE

(City)

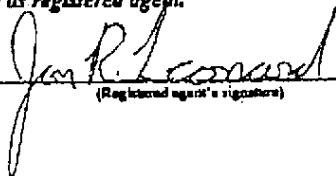
, Florida

32226

(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.



(Registered agent's signature)

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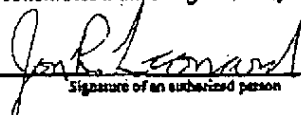
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: JON R. LEONARD	☒ Manager	Name: KEVIN O'MALLEY
☐ Member	Address: 2664 PORT INDUSTRIAL DR	☐ Member	Address: 2664 PORT INDUSTRIAL DR
☐ Authorized	JACKSONVILLE, FL 32226	☐ Authorized	JACKSONVILLE, FL 32226
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: BRIAN O'MALLEY	☒ Manager	Name: BENJAMIN FRANCOIS
☐ Member	Address: 2664 PORT INDUSTRIAL DR	☐ Member	Address: 2664 PORT INDUSTRIAL DR
☐ Authorized	JACKSONVILLE, FL 32226	☐ Authorized	JACKSONVILLE, FL 32226
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.


Signature of an authorized person
JON R. LEONARD, MANAGER

Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORACHEM HOLDINGS, 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 NINTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORACHEM HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2019.

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

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2020 FEB -6 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7391557 8300

SR# 20200184567

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", 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: 202157191

Date: 01-09-20

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