

MA0000001792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

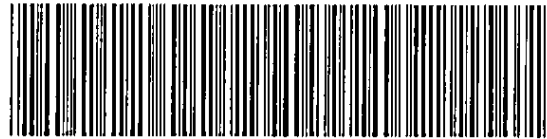
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



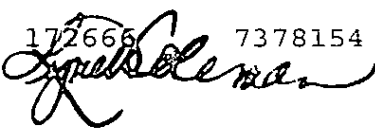
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FILED
2020 FEB 14 A 8:47
JANUARY 13 2020
FEB 17 2020

FEB 17 2020
T. LEMIEUX

FILE 2nd

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 172666 7378154
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : February 6, 2020
ORDER TIME : 1:45 PM
ORDER NO. : 172666-010
CUSTOMER NO: 7378154

FOREIGN FILINGS

NAME: JAMBA JUICE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jamba Juice 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:

Patricia Cobb
Name of Person

Jamba Juice
Firm/Company

5620 Glenridge Drive, NE
Address

Atlanta, GA 30342
City/State and Zip Code

pcobb@focusbrands.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Cobb 404 978-4820
Name of Contact Person at () Area Code 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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Jamba Juice LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. California 77-0283092
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

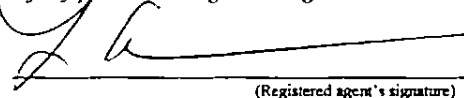
4. 5620 Glenridge Drive, NE 5620 Glenridge Drive, NE
(Street Address of Principal Office) (Mailing Address)
Atlanta, GA 30342 Atlanta, GA 30342

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

 Lydia Cohen
Asst. Vice President
(Registered agent's signature)

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2020 FEB 14 A 8:47
TALLAHASSEE, FLORIDA


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 checked="" type="checkbox"/> Manager	Name: <u>Steven C. DeSutter</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael J. Dixon</u>
<input type="checkbox"/> Member	Address: <u>5620 Glenridge Dr., NE</u>	<input type="checkbox"/> Member	Address: <u>5620 Glenridge Dr., NE</u>
<input type="checkbox"/> Authorized	<u>Atlanta, GA 30342</u>	<input type="checkbox"/> Authorized	<u>Atlanta, GA 30342</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Sarah E. Powell</u>	<input type="checkbox"/> Manager	Name: <u>Geoffrey L. Henry</u>
<input type="checkbox"/> Member	Address: <u>5620 Glenridge Dr., NE</u>	<input type="checkbox"/> Member	Address: <u>5620 Glenridge Dr., NE</u>
<input type="checkbox"/> Authorized	<u>Atlanta, GA 30342</u>	<input type="checkbox"/> Authorized	<u>Atlanta, GA 30342</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>EVP, GC & Sec.</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Katrina L. Cole</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5620 Glenridge Dr., NE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Atlanta, GA 30342</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>EVP</u>	<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

Sarah E. Powell, EVP, GC & Secretary
Typed or printed name of signee

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: JAMBA JUICE LLC

FILE NUMBER: 201936110087
FORMATION DATE: 12/27/2019
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 financial
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
February 11, 2020.

ALEX PADILLA
Secretary of State