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то:	Registration Section Division of Corporations			*			•
∙å, SUBJI	ECT:	Born	Free Fa	CM LL Company			
The en Exister	closed "Application by Forei ice, and check are submitted	gn Limited Liability to register the above	Company for Authorize referenced foreign lim	ation to Transac	et Business in i	Florida," Co	ertificate of s in Florida.
Please	return all correspondence con	ncerning this matter	to the following:				
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For fur	ther information concerning t	his matter, please ca	all:				
	Name of C	Contact Person	at ( <u>508</u> Area Code	) <u>669</u> - Daytime	- Y Y 2 ° Telephone Nu	S mber	
	Mailing Address: Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Su	ite 810		
	Enclosed is a check for the Please make check payable \$125.00 Filing Fee	following amount: to: FLORIDA DE: □ \$130.00 Filing Fo Certificate	ee & 🔲 \$155.00 Fil		S160.00 Fili of Status	ng Fee, Cer & Certifie	

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

(Name of Foreign Lamited Liability Company: must include "Limited Liability Company." "L.L.C." or "L.L	Ba	Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.")
Massachusetts  Autobiction under the law of which foreign limited habitity company is organized)  (Date first transacted business in Florida if prior to registration.) (See sections 603 0001 E. S. to determine penalty liability.)  Address of Principal Office.  Attack  A	(Name of Foreigr	i Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LTC.")
Massachusetts  Auriclicition under the law of which foreign limited hability company is organized)  (See Sections 103 1004 & 603 1000 E.S. to determine penalty fiability)  (See Sections 103 1004 & 603 1000 E.S. to determine penalty fiability)  (Address of Frincipal Office)  LLC  Attn Lisa Fostu  32 Tubusceck Drive  32 Tubusceck Drive  Dover, MA 02030  Aume and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Tohn Phuscau Esq.  Office Address:  26 55 5. Le Jeune Rd, 54 c. 1000 - 1  (Say)  (Say)	ne 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"
(Sate first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)  1. Address of Frincipal Office)  1. Address of Frincipal Office Address of Florida registered agent: (P.O. Box NOT acceptable)  1. Address of Florida registered agent: (P.O. Box NOT acceptable)  1. Address: 26 55 5. Le Jeune Red, 54 . 706 - 1  1. Cotal Galles Florida Registered agent and to accept service of process for the above stated limited liability company at the place granted in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agenty by with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with		
Address of Principal Office)  LLC  All Lisa Fostu  32 Tubwieck Drive  32 Tubwieck Drive  32 Tubwieck Drive  32 Tubwieck Drive  Born Free Fair 6. Rahmy Address)  All Lisa Fostu  32 Tubwieck Drive  32 Tubwieck Drive  Andress of Florida registered agent: (P.O. Box NOT acceptable)  Name:  The Murray Law Firm P.A.  Office Address:  26 55 5. Le Jeune Rd., 54c., 906-1  Cocal Gallos  (City)  City and the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	Jurisdiction under the law of	which foreign limited liability company is organized)  3. 43 - 2513 (FEI number, if applicable)
Address of Principal Office)  LLC  All Lisa Fostu  32 Tubwieck Drive  32 Tubwieck Drive  32 Tubwieck Drive  32 Tubwieck Drive  Born Free Fair 6. Rahmy Address)  All Lisa Fostu  32 Tubwieck Drive  32 Tubwieck Drive  Andress of Florida registered agent: (P.O. Box NOT acceptable)  Name:  The Murray Law Firm P.A.  Office Address:  26 55 5. Le Jeune Rd., 54c., 906-1  Cocal Gallos  (City)  City and the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with		
Address of Frincipal Office)  LLC  All USA Fostu  32 Tubwieck Drive  32 Tubwieck Drive  32 Tubwieck Drive  32 Tubwieck Drive  Dover, MA 02030  Same and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Tohn Fright Seq.  Office Address:  26 55 5. Le Jeune Rd, 54c. 906-1  Cot al Gallos  (City)  City and the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with		(Date first transacted business in Florida, il prior to registration.)
Name:    John Frussay Esq.   Str.   No.   Str.   No.   Str.   Str.   No.   Str.   Str.		·
Name:    Toka   Florida   Esq.	1 Address of Principal Office)	- Born Free Fair 6. Born Free Fair LLC
Name:    Tohn Phussa   Esq.		1 1 1
Name:    Solar Profice Address of Florida registered agent: (P.O. Box NOT acceptable)    Name:   Solar Profice Address   Solar	32 lub	wreck Drive 32 Tubureck Drive
Name:    Tohn Phussay Esq.   The Mussay Law Fish p.A.     Office Address:   26555. Le Jeune Rd, 54e. 906-1     Cocal Gales   Florida   33134     (Zip code)   City     Interest agent's acceptance:     Interest agent and to accept service of process for the above stated limited liability company at the place grated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agently with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	Dover,	MA 02030 DOVET, MA 02030
Name:    Tohn Phussay Esq.   The Mussay Law Fish p.A.     Office Address:   26555. Le Jeune Rd, 54e. 906-1     Cocal Gales   Florida   33134     (Zip code)   City     Interest agent's acceptance:     Interest agent and to accept service of process for the above stated limited liability company at the place grated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agently with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	lame and street addre	ess of Florida registered agent: (P.O. Box NOT acceptable)
Office Address: 2655 S. Le Jeune Rd, Ste. 906-1  Cocal Gales Florida 33134  (City) Florida 33134  (City) Florida dependent and to accept service of process for the above stated limited liability company at the place grated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agomply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with		
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omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit. accept the obligations of my position as registered agent.	gnated in this applica	ation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further
(10) D $m$	mply with the provis accept the obligation	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar was of my posifion as registered agent.
+ $R$ $I$ $I$ $I$ $I$ $I$ $I$ $I$		(10) P. M.

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: Name and Address: Title or Capacity: Name and Address: Name: Lisa Foster □Manager □Manager Address: 32 Tubwreck D-[WMember] Address: \_\_\_\_\_ □Member Doves, MA 02030 ☐ Authorized ☐ Authorized Person Person Other □Other\_\_\_\_ □Other □Other Name: LISA Fostr □Manager □Manager Address: 14596 Rulling Rade Member Address: = □ Authorized Person Person □Other\_\_\_\_\_ = □Other\_\_\_\_ □Other Other\_\_\_ Name: \_\_\_\_ □ Manager □Manager Address: ☐ Member Address: ☐Member □ 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 s.817.155, F.S. Luca L 7 as to

LISA L Foste



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: July 15, 2020

To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

## BORN FREE FARM, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on June 13, 2011.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence,



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Francis Galein

Certificate Number: 20070282180

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: NMa