

M200000011042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

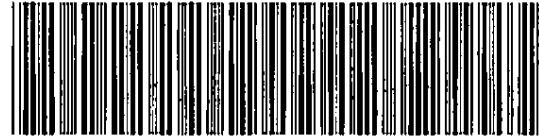
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000086108

Office Use Only



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2023 DEC -4 PM 4:04
TALLAHASSEE, FLORIDA

US
12/4/20 ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2019

KELLY GWIN, ATTORNEY
212 W. INTENDENCIA ST.
PENSACOLA, FL 32502

SUBJECT: BURNING BUSH BOTANICALS, LLC
Ref. Number: W19000086108

We have received your document for BURNING BUSH BOTANICALS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 519A00019694



Charles S. Liberis
R. Douglas Golden *
Kelly J. Gwin

*Admitted in Georgia

Real Estate Closing Department
Kaylan Walden- Licensed Closing Agent

August 22, 2019

U.S. Mail

Florida Department of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Burning Bush Botanicals, LLC
Guided Production, LLC
Stone Distribution, LLC
Firm File Number: 58-29-01A

FILED
2019 DEC -4 PM 4:04
TALLAHASSEE, FLORIDA

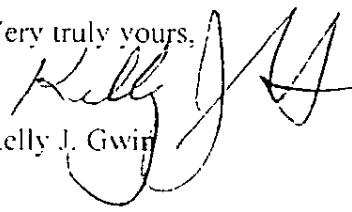
Dear Administrator of Florida Qualifications,

Please find enclosed the Cover Letters and Applications by Limited Liability Company for Authorization to Transact Business in Florida for the above listed companies.

I am enclosing the \$125 payment to the Florida Department of State for each of the above-referenced companies for a total of \$375.00.

Thank you for your help and assistance. If you need any additional information, please do not hesitate to contact me.

Very truly yours,


Kelly J. Gwin

KJG/bms

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BURNING BUSH BOTANICALS, 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:

KELLY GWIN, ATTORNEY
Name of Person

LIBERIS LAW FIRM, P.A.
Firm/Company

212 W. INDEPENDENCE ST.
Address

PENSACOLA, FL 32502
City/State and Zip Code

G.WHEELS5@BELLSouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ATTORNEY KELLY GWIN at (905) 438-9647
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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. BURNING BUSH BOTANICALS, 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. WYOMING

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. JULY, 2019

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

5. 1512 EAST JOHN SIMS PARKWAY #374

(Street Address of Principal Office)

NICEVILLE, FLORIDA 32578

6. 1512 EAST JOHN SIMS PARKWAY #374

(Mailing Address)

NICEVILLE, FLORIDA 32578

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

Name: CHARLES S. LIBERIS, ESQUIRE

Office Address: 212 WEST INTENDENCIA STREET

PENSACOLA

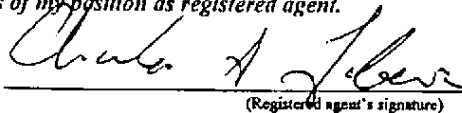
(City)

, Florida 32502

(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)

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: GREGORY WHEELER	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 512 EAST JOHN SIMS PKWY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 374	<input type="checkbox"/> Authorized	_____
Person	NICEVILLE, FL 32578	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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.

Charles A. Liberis

Signature of an authorized person

CHARLES S. LIBERIS - REGISTERED AGENT

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


Burning Bush Botanicals, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 15, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000865861**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming, on this 4th day of December, 2020 at 8:29 AM. This certificate is assigned ID Number 040675827.




Secretary of State