

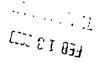
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02/11/21--01015--013 **125.08





COVER LETTER 👡

TO:

Registration Section Division of Corporations

	Name of Lit	nited Liability (Company
			ation to Transact Business in Florida," Certifica ted liability company to transact business in Flo
e return all correspondence concerr	ing this matter to the fo	llowing:	
Tim Cofrin			
	Nam	e of Person	
Aprio Cloud			
	Firm	/Company	
2870 Peachtree Road	NW #708		
	,	Address	
Atlanta GA 30305			
	City/Stat	e and Zip Code	· · · · · · · · · · · · · · · · · · ·
vegepod@apriocloud.co			
E-ma	il address: (to be used f	or future annua	l report notification)
orther information concerning this r	natter, please call:		
Tim Cofrin		470 at (223-2135
Name of Cont		Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations			STREET ADDRESS: Division of Corporations
Registration Section			Registration Section
P.O. Box 6327			Clifton Building
Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the folkoor Please make check payable to:		HEST ASP OF A	TORE
	\$130.00 Filing Fee &		Filing Fee & S160.00 Filing Fee, Cert

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:

(lr:	name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Fk	rida. The a	lternate r	name must include "Limited La	ability Compar	ıy," "L.L.C,"	or "LLC	
Delaware 2			3.	32-0513035 (FEI number, it applicable)					
4.	01/18/2020	(Date first trunsacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	liability)	1				
5.	22600 Lambert St Suite 1101-E			2870	Peachtree Road NW	chtree Road NW #708 (Mailing Address)			
	Lake Forest, CA 92630	<u> </u>		Atlan	nta, GA 30305				
7.	Name and street address	s of Florida registered agent: (P.O. Box	NOT:	accept	able)	3. ·	833 1.d		
	Name:	REGISTERED AGENTS INC.			_	; ;-		11 33	
	Office Address:	7901 4TH ST N STE 300		<u></u>	_	·	چ 22		
		ST PETERSBURG			Florida				

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.



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: Name and Address: Title or Capacity: Name: Matthew Harris Name: Manager Manager 22600 Lambert St Suite 1101-E Member Member Address: Lake Forest, CA 92630 Authorized Authorized Person Person Other_ Other Other____ Other_____ Name: ____ Name: Manager Manager Member Member Address: Address: Authorized Authorized Person Person Other____ Other_____ Other___ Other____ Name: _____ ■ Manager Manager Name: 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. Signature of an authorized person Matthew Harris

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VEGEPOD 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 FOURTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VEGEPOD LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2016.

Authentication: 202211281

Date: 01-04-21