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(Requestor's Name)				
	Address)				
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	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 699271 4304756

AUTHORIZATION :

COST LIMIT : \$ 1,60.00

ORDER DATE: March 10, 2021

ORDER TIME : 10:47 AM

ORDER NO. : 699271-005

CUSTOMER NO: 4304756

FOREIGN FILINGS

NAME: 5018 OLD US ROAD MARIANNA FL

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

_____ PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO:

Registration Section
Division of Corporations

	Nar	ne of Limited Liability	Company		
			zation to Transact Business in Florida," (nited liability company to transact busine		
turn all	correspondence concerning this matter	to the following:			
	Alfonso A. Perez, President				
	Name of Person				
	Grow Clean USA LLC				
	Firm/Company				
	2912 Clemwood Street				
	Address				
	Orlando, FL 32803				
City/State and Zip Code					
	aj@growclcangroup.com			-	
	E-mail address: (to b	e used for future annua	al report notification)	-	
er infor	mation concerning this matter, please ca	11:			
Alfons	o A. Perez, President	954 at (857-4641		
	Name of Contact Person	Area Cod	e Daytime Telephone Number		
Division Registra P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle		
	ed is a check for the following amount: make check payable to: FLORIDA DEI		Tallahassee, FL 32301		

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. 5018 Old US Road Ma	Limited Liability Company; must include "Limite	xl Liabilit	Company," "L.L.C.," or "LLC.")	
lf name unavuilable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The al	ternate name must include "Limited Liability Comp	sany," "L.L.C," or "LLC.
Delaware 2.		3.	N/A	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if appli	cable)
3/09/2021 4.				
•	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ine penalty) pability)	
2912 Clemwood Street		6.	2912 Clemwood Street	
(Street Address of I	Principal Office)	٠.	(Mailing Address)	
Orlando, FL 32803			Orlando, FL 32803	
				•
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	cceptable)	· -
Name:	Alfonso A. Perez, President			
Name.				· . ·
Office Address:	2912 Clemwood Street			•
	Orlando		32803 , Florida	
	(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 aggestered 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Grow Clean USA LLC Manager Manager Name: Address: ___ Address: _____ Member ☐ Member Orlando, FL 32803 Authorized Authorized Person Person Other____ Other____ Other Other____ Manager Name: Name: Member Member Address: Address: Authorized Authorized Person Person Other Other____ Other____ Other____ Manager Manager Name: Member ☐ Member Address: Address: ___ Authorized ☐ Authorized Person Person ___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 Alfonso A. Perez

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "5018 OLD US ROAD MARIANNA FL 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 TENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5018 OLD US ROAD MARIANNA FL LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2021.

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

Authentication: 202697642

Date: 03-10-21

5426740 8300 SR# 20210860042