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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

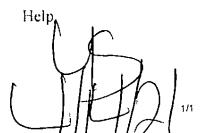
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Foreign Limited Liability Company Unilever Tea MSO USA LLC

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From: Kimberly Laughrey

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINES	SS
IN FLORIDA	

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

li name unavailable, enter alternate na	ne adopted for the purpose of transacting hastiness in	Florida. The alternate came in	est include "Emited Easidi	ty Company," "UL 7 (*) 17 (*)	.:
Delaware	<u> </u>	3. <u>86-281585</u>	5		
(Jurisd ction under the law of whi	ch foreign limited liability company is organized)		el El númber, i	Tappincas c)	PR 13
Upon Qualitication				:	,
!	(Onte this timesacted business in Florida, if prior (See sections 605 6964 & 605,0905, F.S. tardete	to registration) mine penalty liability)		(45) 20,4	PK 4: 4
700 Sylvan Avenue		6. Same		75	
Street Address of Principal Office)		(Mailing	Address	F1	_ _
	24.23			, ,	
Englewood Cliffs, NJ 0	of Florida registered agent: (P.O. B	ov <u>NOT</u> acceptable)			
Englewood Cliffs, NJ 0'	of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)			
Englewood Cliffs, NJ 0		ov <u>NOT</u> acceptable)			
Englewood Cliffs, NJ 0' 7. Name and street address	of Florida registered agent: (P.O. B	ox <u>NOT</u> aeceptable)			

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.

C T Corporation System By: Sharry McGinnes Sherry McGinnes, Assistant Secretary (Registered agent's signature)

From: Kimberly Laughrey

DocuSign Envelope ID: 5110550E-0DC5-4B6F-A693-BF525F0CD69A

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	<u>":</u>	Name and Address:				
☐ Manager	Name: Ashima Sharma	□Manager	Name:					
□Member	Address: 700 Sylvan Avenue	□Member	Address:					
□Authorized	Englewood Cliffs, NJ 07632	□Authorized						
Person		Person						
Other	Other	Other		Other				
∖ Manager	Name: Robert Leek	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·				
□Member	Address: 700 Sylvan Avenue	□Member	Address:	:00 TO []]				
□Authorized	Englewood Cliffs, NJ 07632	□Authorized						
Person		Person		<u> </u>				
Other	□ Other	☐ Other	 -	☐ Other				
□Manager	Name:	□Manager	Name:					
□Member	Address:	□Member	Address:					
□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. 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 Signature of an authorized person								
	Robert Leek, Manager							

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "UNILEVER TEA MSO USA 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 TWENTY-NINTH DAY OF MARCH, A.D. 2021.

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



Authentication: 202842793

Date: 03-29-21