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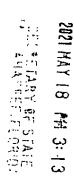
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|                      | (Document Number)        |        |
| Certified Copies     | Certificates of S        | Status |
| Special Instructions | s to Filing Officer:     |        |
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M. SOLOMON

| O: Registration Section  | COVER LETTER   |              |
|--|--|--------------|
| Division of Corporations   | •  |              |
| 'WQS FOOD VERIFICATION LLC   | ÷*   |              |
| UBJECT:  |  |              |
|  | Name of Limited Liability Company  |              |
| ne enclosed "Application by Foreign Limited Lia<br>xistence, and check are submitted to register the | ability Company for Authorization to Transact Business in Florida," Certific<br>above referenced foreign limited liability company to transact business in F | cate<br>Flor |
| lease return all correspondence concerning this n  | natter to the following:   |              |
| MADELINE PERSON  |  |              |
|  |  |              |
|  | Name of Person   |              |
| BRIDGEHOUSELAW LLP   |  |              |
|  | Firm/Company   |              |
| 112 S TRYON ST STE 1100  | Turn Company   |              |
|  |  |              |
|  | Address  |              |
| CHARLOTTE, NC 28284  |  |              |
|  |  | <u> </u>     |
| MADELINE.PERSON@BRIDG  | City/State and Zip Code FST F  | 74M 1686     |
|  |  | Ě            |
| E-mail address   | to be used for future annual report notification)  | <br>œ        |
| or further information concerning this matter, ple   | rase call:   | TO           |
| MADELINE PERSON  | 980 219-5226   | عد<br>دن     |
|  | at()   | <u></u>      |
| Name of Contact Person   | Area Code Daytime Telephone Number   | ω            |
| Mailing Address:   | Street Address:  |              |
| Registration Section   | Registration Section   |              |
| Division of Corporations   | Division of Corporations   |              |
| P.O. Box 6327  | The Centre of Tallahassee  |              |
| Tallahassee, FL 32314  | 2415 N. Monroe Street, Suite 810   |              |
|  | Tallahassee, FL 32303  |              |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

WOS FOOD VERIFICATION 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.J. C," or "LLC") NORTH CAROLINA (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905; F.S. to determine penalty liability) 7621 LITTLE AVE STE 200 7621 LITTLE AVE STE 200 (Street Address of Principal Office) (Mailing Address) **CHARLOTTE, NC 28226 CHARLOTTE, NC 28226** 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNISEARCH, INC. Name: 155 Office Plaza Drive Office Address: Tallahassee

#### Registered agent's acceptance:

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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.

(City)

| /s/ Teri Stapleton |                                |      |      |      |   |  |
|--------------------|--------------------------------|------|------|------|---|--|
| <del> </del>       | (Registered agent's signature) | <br> | <br> | <br> | - |  |
|                    |                                |      |      |      | _ |  |

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:   |  |  |  |  |  |
|--------------------|----------------------------------|--------------------|---|--|--|--|--|--|
| ≣Manager           | Name: BENJAMIN WILNER            | ■Manager           | Name: VALMIR RODRIGUES  |  |  |  |  |  |
| □Member            | Address: 7621 LITTLE AVE STE 200 | □Member            | Address: 7621 LITTLE AVE STE 200  |  |  |  |  |  |
| □Authorized        | CHARLOTTE, NC 28226              | □Authorized        | CHARLOTTE, NC 28226   |  |  |  |  |  |
| Person             |                                  | Person             |   |  |  |  |  |  |
| Other              | □Other                           | □Other             | Other   |  |  |  |  |  |
| ■Manager           | Name: SEBASTIEN BRETEAU          | □Manager           | Name:   |  |  |  |  |  |
| □Member            | Address: 7621 LITTLE AVE STE 200 | □Member            | Address:  |  |  |  |  |  |
| □Authorized        | CHARLOTTE, NC 28226              | □Authorized        |   |  |  |  |  |  |
| Person             |                                  | Person             |   |  |  |  |  |  |
| □Other             | □Other                           | Other              | □Other <u>S</u>   |  |  |  |  |  |
|                    |                                  |                    | TAY THE   |  |  |  |  |  |
| □Manager           | Name:                            | □Manager           | Name: Care to the same of the |  |  |  |  |  |
| □Member            | Address:                         | □Member            | Address:  |  |  |  |  |  |
| □Authorized        |                                  | □Authorized        |   |  |  |  |  |  |
| Person             |                                  | Person             |   |  |  |  |  |  |
| □Other             | Other                            | □Other             | Other   |  |  |  |  |  |

<u>Important Notice:</u> 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

Madeline Person, Authorized Representative

Typed or printed name of signee



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### WQS FOOD VERIFICATION LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 7th day of November, 2014

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of May, 2021.

6 laine I Marshall

Secretary of State