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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Bloom & Rebel LLC ECT:	
	Nan	ne of Limited Liability Company
The en Existe	nclosed "Application by Foreign Limited Liability nce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	to the following:
	Solomon Potter	
		Name of Person
	Bloom & Rebel LLC	
		Firm/Company
	300 Granello Ave, Apt. 858	
		Address
	Coral Gables, FL, 33146	
		City/State and Zip Code
	solomon@bloomandrebel.com	
	E-mail address: (to b	oe used for future annual report notification)
For fu	rther information concerning this matter, please c	ali:
	Solomon Potter	1 4254267373 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	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
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	name adopted for the purpose of transacting business in		
United States Washingto	on	3. 84.249	4891
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	ŒŨ	number, if applicable)
June 29th, 2021			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) ermine penalty liability)	
6710 Skinner Rd		3109 Grand Ave, #209	
reet Address of Principal Office)		6. (Mailing Address)	
Granite Falls, WA		Coconut Grove, FL	
98252		33133-5103	
			21
Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	- All 86 TE
Name:	Solomon Potter		TILE
Office Address:	300 Grunello Ave, Apt. 858		AUG SA MITE 2
office Hudress.	Coral Gables	33146 , Florida	27 27
		, 1 tortua(Zipes	

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: Solomon Potter Name: Name: □Manager □Manager Address: 200 Granello Ave., Apt 858 □Member Address: _____ □Member Coral Gables, Florida □ Authorized **Authorized** 33146 Person Person □Other _____ □Other____ □Other____ □Other____ Name: _____ Name: □Manager □ Manager Address: ______ Address: ☐Member □ Member ☐ Authorized ☐ Authorized Person Person □Other____ □Other_____ □Other_____ □Other ..._ Name: _____ Name: □Manager □ Manager Address: Address: □Member ☐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

Typed or printed name of signee

Solomon Potter

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BLOOM & REBEL LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/16/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/30/2021 UBI Number: 604 487 507

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 07:30 2021

