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COVER LETTER

TO:

Registration Section

Name of Limited Liability Company						
osed "A e, and cl	pplication by Foreign Limited Liability heck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certif referenced foreign limited liability company to transact business in				
turn all	correspondence concerning this matter t	o the following:				
	MICHAEL CLOUTIER					
	Name of Person					
	REFRESHING USA, LLC					
		Firm/Company				
	2129 ANDREA LANE, UNIT 2					
	Address					
	FORT MYERS, FL 33912					
	C	ity/State and Zip Code				
	michael,cloutier@refreshingusa.com					
-	E-mail address: (to be	used for future annual report notification)				
ner infor	mation concerning this matter, please ca	II:				
Michae	el Cloutier	239 299-2030 at ()				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallah	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				



July 28, 2021

MICHAEL CLOUTIER 2129 ANDREA LN UNIT 2 FT MYERS, FL 33912

SUBJECT: REFRESHING USA, LLC

Ref. Number: W21000106422

We have received your document for REFRESHING USA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 821A00017740

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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 HABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. REFRESHING USA, I	LC. Limited Liability Company; must include "Limited	Liabilit	y Compa	ny," "L.L.C	," or "LLC ")			_
EVERETT, WA 98201	name adopted for the purpose of transacting business in Floreign limited liability company is organized)	onda The		name must inc		8945	L.L.C," c	 ir "LLC.")
JUNE 21ST, 2021 4.	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registratio	n) liability)					
2129 ANDREA LANE, UNIT 2 5. Street Address of Principal Office)			2129.		LANE, UNI	r 2		_
FORT MYERS, FL 33	912		FORT	MYERS	, FL 33912		· ·	_
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT	accepta	.ble)		<u> </u>	22	_
Name:	MICHAEL CLOUTIER		_			:	1 - t	
Office Address:	PORT MYERS (City)						## 9:	
				Florida		- 홋프 -): [<u>;</u>	
Registered agent's accep	tance:							

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:	Title or Capacity:	Name and Address:
■Manager	Name: RYAN R WEAR	□Manager	Name: MICHAEL CLOUTIER
□Member	Address: 2732 GRAND AVE	□Member	Address: 2129 ANDREA LANE
□Authorized	SUITE 122	Authorized	UNIT 2
Person	EVERETT, WA 98201	Person	FORT MYERS, FL 33912
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address;	□Member	Address:
□Authorized		□Authorized	
Person		Person	
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

Michael Cloutier

Typed or printed name of signer

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

REFRESHING USA, 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 11/05/2020.

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:

07/16/2021

UBI Number:

604 658 092



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

Kim Wyman, Secretary of State

Date Issued: 07/16/2021