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(Requestor's Name)	· <u>-</u>
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
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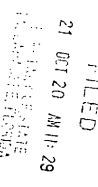
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

NATURE BOUND	LLC		
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	·		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		Fictitious Owner Search	
			Vehicle Search
			Driving Record
Requested by: Seth 10/20/2			UCC or 3 File
	Date	Time	UCC 11 Search
	Dute		UCC 11 Retrieval

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NATURE BOUND 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.L.C." or "LLC.") DELAWARE 47-0982045 (Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable) N/A 4. _ (Date first transacted business in Florida, if pitor to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 239 2ND AVENUE'S 239 2ND AVENUE S 5. (Street Address of Principal Office) (Mailing Address) **SUITE 200** SUITE 200 ST PETERSBURG, FL 33701 ST PETESRBUG, FL 33701 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) BRYAN J. RUSH Name: 2 S BISCAYNE BOULEVARD, SUITE 2600 Office Address: MIAMI 33131 . Florida (City) 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. Bryan J. Rush

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Biogreen Labs, LLC □ Manager Name: ■Manager Name: 239 2nd Avenue S ☐ Member Address: _ □Member Address: Suite 200 □ Authorized □ Authorized St Petsrburg, FL 33701 Person Person □Other_____ □Other____ □Other Other ____ □ Manager Name: □Manager Name: Address: _____ □Member Address: □ Member []] Authorized □ Authorized Person Person □Other____ □Other___ []Other_____ Other____ Name: □Manager □Manager Address: Address: []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. Brian Baer Signature of an authorized person Brian Baer

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NATURE BOUND 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 THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATURE BOUND LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2014.

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

at corp.delaware.gov/auth

Authentication: 204087026

Date: 09-03-21

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