

M22000004969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

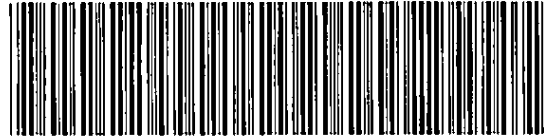
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

06359

W22-41615

Office Use Only



400384201504

APPROVED  
AND  
FILED

2022 MAR 30 AM 10:23

RECEIVED

2022 MAR 30 AM 11:38

RECEIVED  
ALLAHASSEE, FL

RECEIVED  
ALLAHASSEE, FL

MAR 04 2022

K. Brumley

FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 578744 82866A

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : March 29, 2022

ORDER TIME : 8:44 AM

ORDER NO. : 578744-020

CUSTOMER NO: 82866A

FOREIGN FILINGS

NAME: UNCLE JOHN'S PRIDE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Uncle John's Pride, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

H. Adam Airth, Jr.  
Name of Person  
Clark, Campbell, Lancaaster, Workman & Airth, P.A.  
Firm/Company  
500 S. Florida Avenue, Suite 800  
Address  
Lakeland, FL 33801  
City/State and Zip Code  
aairth@clarkcampbell-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Adam Airth, Jr. at 863 647-5337  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Uncle John's Pride, 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.")

2. Delaware 47-4379399  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10250 Woodberry Road 10250 Woodberry Road  
(Street Address of Principal Office) (Mailing Address)  
Tampa, FL 33619 Tampa, FL 33619

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Clark, Campbell, Lancaster, Workman & Airth, P.A.  
Office Address: 500 S. Florida Avenue, Suite 800  
Lakeland, Florida 33801  
(City) (Zip code)

2022 MAR 30 AM 10:23  
FILED  
APPROVED  
AND  
FILED

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.

  
(Registered agent's signature)

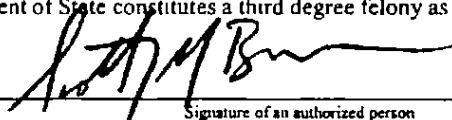
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Scott McBride		<input checked="" type="checkbox"/> Manager	Name:	Mark Beswick	
<input type="checkbox"/> Member	Address:	10250 Woodberry Road		<input type="checkbox"/> Member	Address:	10250 Woodberry Road	
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person		Tampa, FL 33619		Person		Tampa, FL 33619	
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	Haywood Solomon		<input checked="" type="checkbox"/> Manager	Name:	Gordon Liao	
<input type="checkbox"/> Member	Address:	10250 Woodberry Road		<input type="checkbox"/> Member	Address:	10250 Woodberry Road	
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person		Tampa, FL 33619		Person		Tampa, FL 33619	
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> 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

Scott McBride, Manager

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNCLE JOHN'S PRIDE, 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. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNCLE JOHN'S PRIDE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2022.

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



6703476 8300

SR# 20221219470

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203042409

Date: 03-29-22