

RECEIVED  
2022 APR 21 PM 12:30  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 630472 4803460

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : April 20, 2022

ORDER TIME : 8:11 AM

ORDER NO. : 630472-005

CUSTOMER NO: 4803460

FOREIGN FILINGS

NAME: I'M THIRSTY L.L.C.

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: \_\_\_\_\_

FILED  
2022 APR 21 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** I'm Thirsty, L.L.C.

\_\_\_\_\_  
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:

Lauren Farrell

\_\_\_\_\_  
Name of Person

I'm Thirsty L.L.C.

\_\_\_\_\_  
Firm/Company

909 St. Marks Avenue

\_\_\_\_\_  
Address

Westfield, New Jersey 07090-0709

\_\_\_\_\_  
City/State and Zip Code

lef413@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Farrell

908

787-6842

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. I'm Thirsty L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. New Jersey 3. 84-4642344  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 909 St. Marks Avenue 6. 909 St. Marks Avenue  
(Street Address of Principal Office) (Mailing Address)  
Westfield, New Jersey 07090 Westfield, New Jersey 07090

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

By: Alexis Weibull, assistant vice president  
(Registered agent's signature)

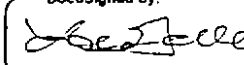
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>            | <u>Name and Address:</u>             | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager     | Name: <u>Lauren Farrell</u>          | <input type="checkbox"/> Manager     | Name: _____                          |
| X Member                             | Address: <u>909 St. Marks Avenue</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized  | <u>Westfield, New Jersey 07090</u>   | <input type="checkbox"/> Authorized  | _____                                |
| Person                               | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager | <br>Name: _____                      | <br><input type="checkbox"/> Manager | <br>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 _____ |
| <br><input type="checkbox"/> Manager | <br>Name: _____                      | <br><input type="checkbox"/> Manager | <br>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.

DocuSigned by:  
  
 BAD5F1071ACD478...

Signature of an authorized person

Lauren Farrell

Typed or printed name of signee

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

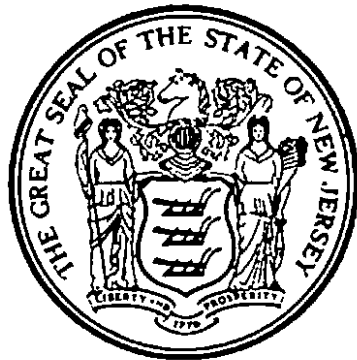
**I'M THIRSTY L.L.C.**  
0450462735

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 08, 2020.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

LAUREN FARRELL  
909 ST. MARKS AVE  
WESTFIELD, NJ 07090



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
19th day of April, 2022*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6130938665

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)