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## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 05/11/2022

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Thank you!

## 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:

	ame adopted for the purpose of transacting business i	in Florida. The alternate was	ne must include "Limited Fin	ability Company," "L.L.C." or "EL
name unavailable, enter alternate n	ime adopted for the purpose of transacting business i	in Fiorida. The alternate has	ne must metade i maco i m	ionny company, inne, or in
Delaware		3		
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)		(FEI numbe	er, if applicable)
	N. J. W. J. T.		<u></u>	<u>.</u>
	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605,0905, F.S. to det	ermine penalty liability)		
1000 Maine Avenue S		1000 M 6.	aine Avenue SW, St	nite 300
eet Address of Principal Office)		(Ma	ding Address)	
Washington, DC 2002-		Washin	gton, DC 20024	
			<u></u>	
Name and street addres	s of Florida registered agent: (P.O. I	30x <u>NOT</u> acceptab	le)	2022 HA
Name and street address Name:	s of Florida registered agent: (P.O. I  C T Corporation System	Box <u>NOT</u> acceptab	le)	2022 HAY 11
		3ox <u>NOT</u> acceptab	le)	2022 HAY I I PM
Name:	C T Corporation System		33324 Florida	COMUS STATES
Name:	C T Corporation System	Box <u>NOT</u> acceptab	le)	2022 HAY LL PH SLADA ASSEC, FL
Name: Office Address: egistered agent's accep aving been named as re- esignated in this applica- comply with the provisi	C T Corporation System  1200 South Pine Island Road  Plantation  (Cuy)	of process for the o nt as registered ago pper and complete p	33324 Florida	liability company at the

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: Name: \_\_\_ Name: \_ Nichole Flippen □Manager □ Manager Address: \_\_\_\_ 1000 Maine Avenue SW 1000 Maine Avenue SW Address: □Member **■**Member Suite 300 Suite 300 ■Authorized □ Authorized Washington, DC 20024 Washington, DC 20024 Person Person □Other\_\_\_\_ □Other □Other\_\_\_ \_\_ ☐Other\_\_\_\_\_ Name: Name: □ Manager □Manager Address: \_\_\_\_\_\_ □Member Address: []Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other \_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_\_ □Manager Address: \_\_\_\_\_\_ □ Member Address: \_\_\_\_\_ □!Member □ Authorized ElAuthorized 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 constitutor a third degree telony as provided for in s.817.155, F.S. Signature It an authorized person Nichole Flippen

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LEMONADE MM PENSACOLA 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 TENTH DAY OF MAY, A.D. 2022.

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

Authentication: 203395433

Date: 05-10-22