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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AGENTS AND CORPORATIONS, INC.
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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2022 MAY 17 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
FUNGI LABS LLC

4 PAGES FAXED

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Page Count	02
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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 UNDERSIGNED IS SUBMITTING THIS APPLICATION TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. FUNGI LABS LLC

2. DE

3. _____

4. UPON QUALIFICATION

5. Fungi Labs LLC

6. 2755 PGA Blvd

2755 PGA Blvd

NAVARRE, FL 32566

NAVARRE, FL 32566

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

Name: AGENTS AND CORPORATIONS, INC.

Office Address: 539 FIFTH AVENUE SOUTH, SUITE 330

NAPLES, Florida 34102

(City) (Zip Code)

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.

AGENTS AND CORPORATIONS, INC.

By: Jeanette LaVecchia, Asst. Secretary

(Authorized Signature)

Jeanette LaVecchia, Asst. Secretary

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TALLAHASSEE, FLORIDA

8. For initial reporting 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: Drake Barrett	☐Manager	Name:
☐Member	Address: 2855 PGA Blvd	☐Member	Address:
☐Authorized Person	Navarre, FL 32566	☐Authorized Person	
☐Other		☐Other	☐Other
☒Manager	Name: JTF DAB LLC	☐Manager	Name:
☐Member	Address: 2855 PGA Blvd	☐Member	Address:
☐Authorized Person	Navarre, FL 32566	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☒Manager	Name: Nicholas Ronnie Tebeau	☐Manager	Name:
☐Member	Address: 13992 Emerald City Blvd	☐Member	Address:
☐Authorized Person	Pensacola, FL 32507	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be retained 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.

Drake Barrett
Signature of an authorized person

Drake Barrett

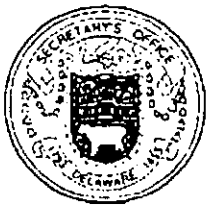
Delaware

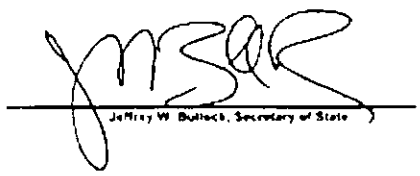
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUNGI LABS 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 SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUNGI LABS LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2022.

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





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