

M22000016299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

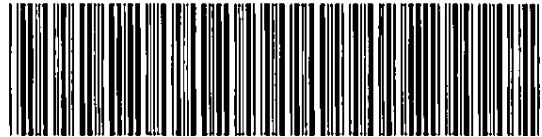
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236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

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**FOREIGN LLC**

1. **HEALTHY SOILS LLC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Healthy Soils 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:

Brittany Hansen

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

5301 Southwest Parkway, Suite 400

Address

Austin, TX 78735

City/State and Zip Code

office@solutions4earth.com

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

For further information concerning this matter, please call:

Brittany Hansen

888

7057274

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

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. Healthy Soils 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. Idaho

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2830705

(EIN number, if applicable)

4. 09/15/2022

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

5. 215 INDUSTRIAL PARK RD

(Street Address of Principal Office)

6. 158 S MOONEY BLVD

(Mailing Address)

GRACE, ID 83241

TULARE, CA 93274

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee

(City)

32301

(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.



Adam Saldana, Assistant Sec.

(Registered agent's signature)

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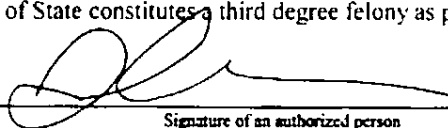
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Julie Locke		<input type="checkbox"/> Manager	Name:	Justin Locke	
<input type="checkbox"/> Member	Address:	158 S Mooney Blvd		<input type="checkbox"/> Member	Address:	158 S Mooney Blvd	
<input type="checkbox"/> Authorized		Tulare, CA 93274		<input type="checkbox"/> Authorized		Tulare, CA 93274	
	Person				Person		
<input checked="" type="checkbox"/> Other	CEO			<input checked="" type="checkbox"/> Other	VP		
		<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	
<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

Julie Locke

Typed or printed name of signer



# STATE OF IDAHO

Lawrence Denney | Secretary of State  
Business Office  
450 North 4th Street  
PO Box 83720  
Boise, ID 83720

October 24, 2022

Request Type: Certificate of Existence/Filing  
Request #: 0004959610  
Receipt #: 000731304

Issuance Date: 10/24/2022  
Copies Requested: 0

Regarding: Healthy Soils LLC  
Filing Type: Limited Liability Company (D)  
Formation/Qualification Date: 09/01/2020  
Status: Active-Existing  
Duration Term: Perpetual

File #: 3983808  
Formation Locale: IDAHO  
Inactive Date:

## Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### Healthy Soils LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney  
Idaho Secretary of State

Processed By: Business Division

Verification #: 020534925