

M230000004542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

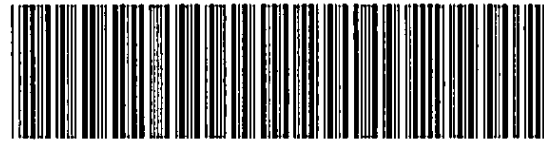
(Document Number)

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

Special Instructions to Filing Officer:

W230000007970

Office Use Only



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12/27/22--01015--003 \*\*160.00

2023 APR - 7 PM 12:36

APPROVED  
FILED

APR 08 2023  
Brumbach



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2023

RICHARD J. NOONAN  
342 GREEN VALLEY ROAD  
WATSONVILLE, CA 95076

SUBJECT: STRAWBERRY SCIENCES, LLC  
Ref. Number: W23000007970

We have received your document for STRAWBERRY SCIENCES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 823A00001645

Strawberry Sciences, LLC

342 Green Valley Road

Watsonville, CA 95076

831-728-7771

March 29, 2023

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

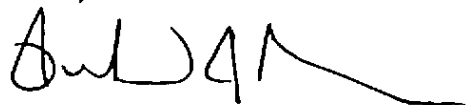
RE: Strawberry Sciences, LLC  
Reference #W23000007970  
Letter Number: 823A00001645

Dear Division of Corporations:

Per your letter (see attached), I spoke this morning with Eva in your department and finally understood what you were requesting. As you will see on the attached, I have noted Steven D. Nelson as the Authorized person per your request.

Should you have any questions, please contact me at 831-728-7771 or email me at [rnoonan@plantsciences.com](mailto:rnoonan@plantsciences.com).

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Noonan', with a long horizontal flourish extending to the right.

Richard J. Noonan, MBA  
Business Manager

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STRAWBERRY SCIENCES, 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:

RICHARD J. NOONAN

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

STRAWBERRY SCIENCES, LLC

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

342 GREEN VALLEY ROAD

\_\_\_\_\_  
Address

WATSONVILLE, CA 95076

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

moonan@plantsciences.com

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

For further information concerning this matter, please call:

RICHARD J. NOONAN

831

728-7771

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. STRAWBERRY SCIENCES, 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. CALIFORNIA

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

45-1605815

3. (FEI number, if applicable)

4. 04/19/22

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

5. 342 GREEN VALLEY ROAD

(Street Address of Principal Office)

P.O. BOX 1690

6. (Mailing Address)

WATSONVILLE, CA 95076

FREEDOM, CA 95019-1690

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

Name: URS AGENTS, LLC

Office Address: 3458 LAKESHORE DRIVE

TALLAHASSEE

(City)

, Florida

32312

(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.

*Kathy Clark*

Kathy Clark, Asst. Secretary

(Registered agent's signature)

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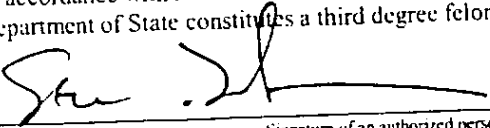
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: STEVEN D. NELSON	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 342 GREEN VALLEY ROAD	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	WATSONVILLE, CA 95076	<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: RICHARD D. NELSON	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 342 GREEN VALLEY ROAD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	WATSONVILLE, CA 95076	<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: LEO W. STOECKLE	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 8410 BUENA VISTA ST.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	MOORPARK, CA 93021	<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

STEVEN D. NELSON

\_\_\_\_\_  
Typed or printed name of signer



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	STRAWBERRY SCIENCES LLC
Entity No.:	201108710097
Registration Date:	03/14/2011
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 19, 2022.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

Certificate No.: 067307425

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).