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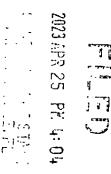
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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04/25/23--01027--012 **130.00







COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Inspired Food Name of	Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.	
Please return all correspondence concerning this matter to the	following:	
Gordon M.	Marchand Jame of Person	
Inspired f	irm/Company	
Firm/Company 20		
1275 Litt	Address Address	
	7 duries	
Vrro Brace	L FL 329638	
City/S	State and Zip Code	
Gordon Marc	hand & Comeast, net	
n-man address, the re-use	to the factor in	
For further information concerning this matter, please call:	- 01711	
Gordon Murchand Name of Contact Person	772 205-8117	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR	TMENT OF STATE	
☐ \$125,00 Filing Fee \$\times\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05/15/02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY/TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Voreign Limited Liability Company; must unclude "Limited Liability Company," "L.L.C., "or "L.L.C.")
(If name unavailable, error alternate some adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. DE Laware (Jerisdiction under the law of which foreign lumied liability company is organized) 3. 92-2058442 (FE! manber, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 R 605 0905, F.S. to determine penalty highliny.)
5. 1275 Little Harbour Ln 6. 1275 Little Harbour Ln 1Street Address of Prescipal Office)
Vero Brack, FL 32963 Attn. Gordon Marchand
Vero Beach, FL 32963
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Gordon M. Marchand Office Address: 1275 Little Harbour Lane
Name: Gordon M. Marchand Pro F 101 Office Address: 1275 Little Harbour Lane
Vero Brach Florida 32963
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.
the legton
(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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Manager □ Manager Member Member Suthorized 2 Authorized Person Person Other__ Other____ □Other □Other__ Name: Jonathan Marchand □Manager □Manager Member □ Member XAuthorized □ Authorized Person Person []Other_ □Other □Other_ Manager ☐Manager ☐ Member Address: Address: _____ ☐ Member □ Authorized Authorized Person Person Other_ Other____ □()ther__ □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 constitutes a third degree felony as provided for in 8.817.155, F.S.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INSPIRED FOOD GROUP, 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 SEVENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSPIRED FOOD GROUP, LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2023.

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

STATE OF THE PARTY OF THE PARTY

Authentication: 203099592

Date: 04-07-23