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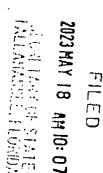
(Req	uestor's Name)	
bbA)	iress)	
(Add	ress)	
(City.	/Śtate/Zip/Phone	<i>⇒</i> #)
PICK-UP	TIAW	MAIL
(Bus	iness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	_

Office Use Only



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COVER LETTER

	of Corporations
SUBJECT:	Herbal World LLC
	Name of Limited Liability Company
The enclosed "Ap Existence, and che	oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all c	correspondence concerning this matter to the following:
	Lovis Kawesch
	Nieuw of Deurou
	Herbal World LLC Firm/Company 3909 NW 19 AVE
	Firm/Company
	3909 NW 19 AVE
	Oax Kland Park, FL 33309
	City/State and Zip Code
	Hetbal World LLC & ymail, com
_	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Name of Contact Person Area Code Daytime Telephone Number
	Name of Contact Person Area Code Daytime Telephone Number
	Address: Street Address:
_	ration Section Registration Section
	on of Corporations Division of Corporations The Corporations
	ox 6327 The Centre of Tallahassee assee, FL 32314 2415 N. Monroe Street, Suite 810
Tanana	Tallahassee, FL 32303
Please m	d is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee

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

	IN FLO	ORIDA				
	E STATE OF FLORIDA: LLC Ty Company; must include "Limited"	Liability Com	pany,***L.L.C.,*	or "f.l.C.")		
(If name unavailable, enter alternate name adopted for $ \int e \times 45 $ (Jurisdiction under the law of which foreign limit				ude "Limited Liability Co — Z & Z 7 (FEI number, if app		")
4. May (Date first to (See section	ransacted business in Florida, if prior to re is 605.0904 & 605.0905, F.S. to determin	Gegistration.) se penalty liability	<u> </u>			
5. 3909 NW (Street Address of Principal Office) Oakland Park, 1				9 NW.1	9 th Ave 330	3 9
					ν σ	
7. Name and <u>street address</u> of Florida		-		:	10:07 10:07	
Name:	ouis Kawes	ich	_		<i></i>	
Office Address:3	109 NW 19h	Ave	_			
	Ouis Kawes 109 NW 19h Oakland Park		, Florida _	33309 (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.

-/m-1 ___

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: Title or Capacity: Name and Address: Kawesch □ Manager □Manager Name: Member □Member Address: □ Authorized ☐ Authorized Person Person □Other____ Other Other □Other Name: _____ □ Manager Name: □Member □Member Address: Address: □ Authorized □ Authorized Person Person □Other____ Other Other □Other □Manager Name: ______ □Manager Name: _____ □Member Address: _______ □ Member Address: ______ □Authorized ☐ Authorized 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 constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Kawesch

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HERBAL WORLD 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 SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERBAL WORLD LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2023.

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



Juffrey W Bullect, Secretary of State

Authentication: 203262521

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:40 AM 03-01/2023
FILED 09:40 AM 03-01/2023
SR 20230804501 - File Number 7322841

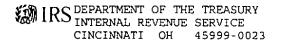
STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

- 1. The name of the limited liability company is <u>Herbal World LLC</u>.
- 2. The Registered Office of the limited liability company in the State of Delaware is located at 611 South DuPont Highway Suite 102 (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is ZenBusiness Inc.

By: /s/ Louis Kawesch
Authorized Person

Name: Louis Kawesch
Print or Type



Date of this notice: 03-10-2023

Employer Identification Number:

92-2827097

Form: SS-4

Number of this notice: CP 575 G

HERBAL WORLD LLC LOUIS KAWESCH SOLE MBR 3909 NW 19TH AVE OAKLAND PARK, FL 33309

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-2827097. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is HERB. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 03-10-2023

() - EMPLOYER IDENTIFICATION NUMBER: 92-2827097
FORM: SS-4 NOBOD