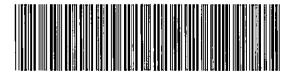
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special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

Office Use Only



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24 MAY - 8 PM 3: 55

COVER LETTER

TO:

Registration Section

BJECT: Gummy Labs, LLC	Name of Limited Liability Company
e enclosed "Application by Foreign Limited Li istence, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certifical above referenced foreign limited liability company to transact business in Florida.
ease return all correspondence concerning this	matter to the following:
Andrew J. Norstrud	
	Name of Person
Individual	
	Firm/Company
3030 N. Rocky Point Drive, Suite 4	20
	Address
Tampa, FL. 33607	
	City/State and Zip Code
Andrew@Upexi.com	·
E-mail addres	s: (to be used for future annual report notification)
r further information concerning this matter, pl	ease call:
Andrew J. Norstrud	at (813) 505-1829
Name of Contact Perso	n 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

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:

GUMMY LABS, LLC	Limited Liability Company; must include "Limite	d Liabilit	Company, ""L.L.C.," or "LLC.")	
(Zamineu zamoniny Compuny, maio mondo samo		,,	
name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida, The	alternate name must include "Limited Liability Company."	"L.L.C," or "LLC
Delaware		3.	99-1586331	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	ved) (Fi:I number, if applicable)		
None prior to registration	on			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ			
919 North Market Street		6.	3030 N. Rocky Point Drive	
treet Address of Principal Office)		0.	(Mailing Address)	·-·-
Suite 950			Suite 420	
Willmington, DE 19801		Tampa, FL. 33607		24
7. Name and street address of Florida registered agent: (P.C		NOT:	acceptable)	24 1147 - 9
	_		•	-
Name:	Andrew J. Norstrud			PM 3:55
Name.				Porations M 3: 55
Office Address:	15837 Trackside Drive			N. W.
	Odessa		, Florida <u>33156</u>	
	(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.

Andrew J. Norstrud
Andrew J. Norstrud (Apr 29, 2024 11:40 EDT)

(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:	Title or Capacity:	Name and Address:
□Manager	Name: Andrew J. Norstrud	□Manager	Name: Allan Marshall
□Member	Address: 15837 Trackside Drive	□Member	Address: 6413 E. Maclaurin
□Authorized	Odessa, FL 33556	□Authorized	Tampa, FL 33647
Person		Person	
⊠Other CFO	Other	⊠Other CEO	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	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. 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.

Andrew J. Norstrud Andrew J. Norstrud (Apr 29, 2024 11-40 EDI)	-		
	Signature of an authorized person	•	
Andrew J. Norstrud			

Exped or printed name of suppose

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GUMMY 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 SIXTH DAY OF MAY, A.D. 2024.

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

Authentication: 203405748

Date: 05-06-24