

M24000008687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

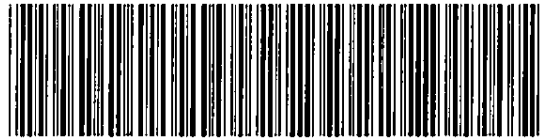
(Document Number)

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

Special Instructions to Filing Officer:

W24000053517

Office Use Only



100426177111

04/25/24--01005--009 \*\*55.00

03/26/24--01005--004 \*\*70.00

RECEIVED

MAR 25 2024

FILED  
2024 JUL 10 AM 7:54  
STATE  
TALLAHASSEE, FL

AS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Indigo Khgenti Holdings 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

Marcus Hall  
Name of Person

Indigo Holdings LLC  
Firm Company

700 E. Depot Ave  
Address

Lakeland, FL 33917  
City State and Zip Code

MARCUS.HALL@INDIGO.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Stephanie Postlewaite at 919 909-8412  
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

*Money sent and check cleared April 29th*

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

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 Indigo Brands Holdings, LLC  
(Name of foreign limited liability company must include "limited liability company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida; the alternate name must include "limited liability company," "LLC," or "LLP")

2 Tennessee : 82-4533984  
(Jurisdiction under the laws of which foreign limited liability company is organized) (LLP number, if applicable)

4 2-01-2024  
(Date first transacted business in Florida; if prior to registration, see sections 605.02(4) and 605.02(5) to determine periods of liability)

5 228 E. Pine St, LALeland FL 6 700 E. Depot Ln, TN 37117  
(Street Address of Principal Office) (Mailing Address)  
33801

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

Name

Marcus Hall

Office Address

228 E. Pine St  
LALeland

Florida

33801

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.

Marcus Hall 7-8-2024  
Registered agent's signature

FILED  
2024 JUL 10 AM 7:54  
CLERK OF STATE  
TALLAHASSEE, FL

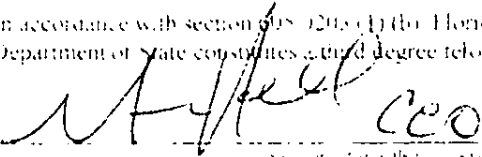
8. For initial indexing purposes, list names, title or capacity, and addresses of the primary members, managers or persons authorized to manage (up to six (6) total):

<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	<u>Migros Hall</u>		<input type="checkbox"/> Manager	Name		
<input type="checkbox"/> Member	Address	<u>700 E. Depot Ave</u>		<input type="checkbox"/> Member	Address		
<input type="checkbox"/> Authorized		<u>Lowville, TN 37417</u>		<input type="checkbox"/> Authorized			
Person				Person			
<input checked="" type="checkbox"/> Other	<u>owner/ceo</u>	<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	
<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 605.02(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.

  
typed, printed name of signer  
Migros Hall CEO  
typed, printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**MARCUS HALL**  
700 E DEPOT AVE  
KNOXVILLE, TN 37917

March 13, 2024

**Request Type: Certificate of Existence/Authorization**  
Request #: 0573225

Issuance Date: 03/13/2024  
Copies Requested: 1

**Document Receipt**

Receipt #: 008766999 Filing Fee: \$20.00  
Payment-Check/MO - INDIGO KHARMA HOLDINGS LLC, KNOXVILLE, TN \$20.00

**Regarding: Indigo Kharma Holdings, LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 05/02/2018

Status: Active

Duration Term: Perpetual

Business County: KNOX COUNTY

Control #: 961607

Date Formed: 05/02/2018

Formation Locale: TENNESSEE

Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Indigo Kharma Holdings, LLC**

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

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Jayme Murphy

Verification #: 066262427