

M24000009826

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

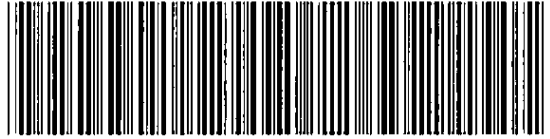
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04/19/24--01018--023 **130.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUL 30 PM 4:11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2024

MELISSA BARRONTON
1865 HOMETOWN DRIVE
FERNANDINA BEACH, FL 32034 US

SUBJECT: SEED AND SOUL WELLNESS, LLC
Ref. Number: W24000073690

We have received your document for SEED AND SOUL WELLNESS, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 224A00010374

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seed and Soul Wellness, 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:

Melissa Barranton
Name of Person

Firm/Company

1865 Hometown Drive
Address

Fernandina Beach, FL 32034
City/State and Zip Code

melissa @ sunshine travelers. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Barranton at (770) 713-6137
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. Seed and Soul Wellness, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 1865 Hometown Drive
(Street Address of Principal Office)

6. 1865 Hometown Drive
(Mailing Address)

Fernandina Beach, FL
32034

Fernandina Beach, FL
32034

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

Name: Melissa Barrington

Office Address: 1865 Hometown Drive

Fernandina Beach, Florida 32034
(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.

Melissa Barrington
(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]:

| <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>Melissa Barranton</u> | | <input type="checkbox"/> Manager | Name: | _____ | |
| <input checked="" type="checkbox"/> Member/owner | Address: | <u>1665 Hometown Dr</u> | | <input type="checkbox"/> Member | Address: | _____ | |
| <input type="checkbox"/> Authorized | | <u>Fernandina Beach, FL</u> | | <input type="checkbox"/> Authorized | | _____ | |
| Person | | <u>32034</u> | | 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 _____ | |
| | | | | | | | |
| <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 605.0203 (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.

Melissa Barranton
Signature of an authorized person

Melissa Barranton
Typed name of filer

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Seed and Soul Wellness, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27774404
Date Inc/Auth/Filed: 02/08/2021
Jurisdiction : Georgia
Print Date : 07/22/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State