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Division of Corporations

Florida Department of State

Division of Corporations

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Email Address: ralbert@harpermeyer.com

**Foreign Limited Liability Company
ROOTGANIC LLC**

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ROOTCANIC LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 86-2473557
(FEI number, if applicable)
4. _____
(State first transacted business in Florida, if prior to registration.
(See sections 605.0004 & 605.0005, F.S., to determine penalty liability))
5. 8260 SW 160th St.
(Street Address of Principal Office)
6. 8260 SW 160th St.
(Mailing Address)
- Palmetto Bay, FL 33157
- Palmetto Bay, FL 33157

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

Name: LAW CENTER OF THE AMERICAS, LLC

Office Address: 201 S. BISCAYNE BLVD., SUITE 800

MIAMI, Florida 33133
(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.

Russell M. White, Jr., VP
(Registered agent's signature)

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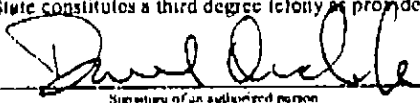
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Elizabeth Herrera	☐ Manager	Name: David Ondrick
☐ Member	Address: 8260 SW 160th St.	☐ Member	Address: 8260 SW 160th St.
☐ Authorized	Palmetto Bay, 33157	☐ Authorized	Palmetto Bay, 33157
Person		Person	
☒ Other Principal	☐ Other	☒ Other President	☐ 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.


 Signature of an authorized person
 David Ondrick
 Typed or printed name of signer

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ROOTGANIC LLC
DOS ID Number: 5955230
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 03/04/2021

Statement Status: CURRENT
Statement Due Date: 03/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 12, 2024 at 03:50 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006921524 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

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