

M23000000835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

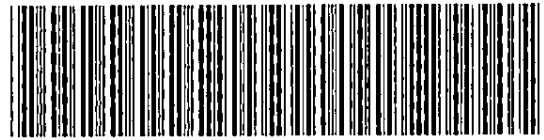
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN 20 11:14

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JAN 20 AM 11:14

S. FRANKLIN

JAN 23 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 387570 5042660

AUTHORIZATION : *[Handwritten Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : January 19, 2023

ORDER TIME : 9:03 AM

ORDER NO. : 387570-005

CUSTOMER NO: 5042660

FOREIGN FILINGS

NAME: DIRECT ROOTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

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:

Direct Roots, 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.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

01/01/2023

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

5. 150 Main Street, Suite 400 (Street Address of Principal Office)

6. 150 Main Street, Suite 400 (Mailing Address)

Salinas, CA 93901

Salinas, CA 93901

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (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.

By: Alexis Weibull, assistant vice president (Registered agent's signature)

9.11.23

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:

Manager Name: John Mazzei

Member Address: 150 Main Street, Suite 400

Authorized Salinas, CA 93901

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Jeff Cook

Member Address: 150 Main Street, Suite 400

Authorized Salinas, CA 93901

Person _____

Other _____ Other _____

Manager Name: Bruce Taylor

Member Address: 150 Main Street, Suite 400

Authorized Salinas, CA 93901

Person _____

Other _____ Other _____

Manager Name: Alec Leach

Member Address: 150 Main Street, Suite 400

Authorized Salinas, CA 93901

Person _____

Other _____ Other _____

Manager Name: Stan Pura

Member Address: 150 Main Street, Suite 400

Authorized Salinas, CA 93901

Person _____

Other _____ Other _____

Manager Name: Taylor Farms California, Inc.

Member Address: 150 Main Street, Suite 500

Authorized Salinas, CA 93901

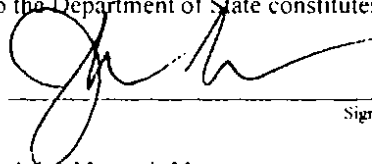
Person _____

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

John Mazzei, Manager

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIRECT ROOTS, 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 NINETEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIRECT ROOTS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

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

127
90 PM 1:15




Jeffrey W. Bullock, Secretary of State

6574918 8300

SR# 20230198176

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202533452

Date: 01-19-23