

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Laird Wellness, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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2024 APR 19 PM 3:39

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TRAFFIC SERVICES

01/19/24 PM 4:10

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AD

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. Laird 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. North Carolina 3. 85-3325368
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 7901 4TH ST N STE 300 6. 7901 4TH ST N STE 300
(Street Address of Principal Office) (Mailing Address)
ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702

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

Name: Northwest Registered Agent LLC
Office Address: 7901 4TH ST N STE 300
ST. PETERSBURG, Florida 33702
(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.

Taylor Newman
(Registered agent's signature)

Vertical stamp: APR 19 PM 4:10 ST. PETERSBURG, 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]:

Title or Capacity:                    Name and Address:

Manager           Name: Laird, Scott

Member            Address: \_\_\_\_\_

Authorized        7901 4th St N STE 300

St. Petersburg, FL 33702

                            Person \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Title or Capacity:                    Name and Address:

Manager           Name: Laird, Jodi

Member            Address: \_\_\_\_\_

Authorized        7901 4th St N STE 300

St. Petersburg, FL 33702

                            Person \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager           Name: \_\_\_\_\_

Member           Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

                            Person \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager           Name: \_\_\_\_\_

Member           Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

                            Person \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager           Name: \_\_\_\_\_

Member           Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

                            Person \_\_\_\_\_

Other \_\_\_\_\_                     Other \_\_\_\_\_

Manager           Name: \_\_\_\_\_

Member           Address: \_\_\_\_\_

Authorized        \_\_\_\_\_


                            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

Nat Smith

Typed or printed name of signee



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

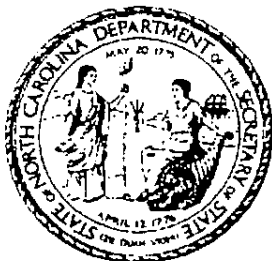
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### LAIRD WELLNESS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 6th day of August, 2019

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of April, 2024.



Scan to verify online.

*Elaine F. Marshall*

Secretary of State