# F250000001020

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
0.46.10.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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### **COVER LETTER**

TO:	Registration Sec Division of Cor					
		Bear LLC				
SUBJ	ECT:					
			of corporation	on - n	nust include suffix	
Dear S	ir or Madam:					
"Certi	ficate of Existenc		of Good St	andir	ig" and check are su	act Business in Florida." abmitted to register the
	return all corresp C. Griffis, Manag	oondence concerni ing Member	ng this matt	ter to	the following:	
Bubble	es & Bear LLC		Name o	of Per	son	
			Firm/Co	mpai	ny	
133 Ja	de Street			•		
Rotono	da West, FL 33947		Ado	dress		
griffisp	oatrick@yahoo.com	1	City/State	and.	Zip code	- <del> </del>
		E-mail address	: (to be use	d for	future annual report	notification)
For fur	ther information	concerning this m	atter, please	e call	:	
Patrick C. Griffis				331-0126		
	Name of Person	n	Area Co	ode	Daytime Tele	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section Corporations 27
Enclos	ed is a check for	the following amo	unt:			
<b>□ \$</b> 70	0.00 Filing Fee	S78.75 Filing Certificate of			78.75 Filing Fee & ertified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Bubbles & Bear LLC

Bubbles & Bear	·LLC				
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busing	ess in Florida)		
Ohio		47-3441659			
2	y under the law of which it is incorporated)		<del></del>		
(State or countr 03/17/2015	y under the law of which it is incorporated)	(FEI number, if applicable	)		
4	5				
(Date 01/01/2025	of incorporation)	(Date of duration, if other than perpetual)			
6	(Date first transacted business in I				
	(SEE SECTIONS 607.1501 & 607.150 totonda West, FL 33947  (Principal	2, F.S., to determine penalty liability)  office address)			
	(Current mailing	address, if different)			
8. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.O. Patrick C. Griffis  133 Jade Street  Rotonda West	Box NOT acceptable)  33947 Florida	5 (2) (C) (3.1) vani		
	(City)	(Zip code)	CO		
	(~, r	(***.p +===)	9		

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Address: Vice Chairman: Address: \_ Address: \_ **B. OFFICERS** Patrick C. Griffis (Managing Member) President: 133 Jade Street Address: Rotonda West, FL 33947 Jamie S. Griffis (Member) Vice President: 133 Jade Street Address: Rotonda West, FL 33947 Secretary: Address: \_ Treasurer: \_\_ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director of Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Patrick C. Griffis, Managing Member 13. \_\_\_

(Typed or printed name and capacity of person signing application)

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BUBBLES & BEAR LLC, an Ohio Limited Liability Company, Registration Number 2376819, was organized in the State of Ohio on March 17, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus. Ohio this 30th day of December, A.D. 2024.

**Ohio Secretary of State** 

Fred John

Validation Number: 202436508244