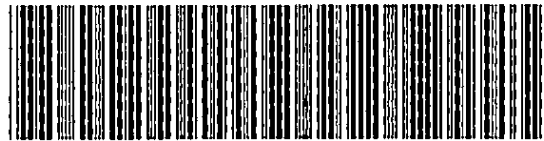


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

10/21/19--01018--025 **125.0

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Office of the Secretary of State

Special Instructions to Filing Officer:

Office Use Only

D. BRUCE
OCT 28 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H. Mulligan Bespoke Libations, 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:

Ryan Malkin
Name of Person
Malkin Law PA
Firm/Company
260 95th Street, Suite 206
Address
Miami Beach, FL 33154
City/State and Zip Code
ryan@malkin.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Malkin at (305) 763-8539
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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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. H. Mulligan Bespoke Libations, L.L.C.
(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. Delaware
(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. 260 95th Street, Suite 206
(Street Address of Principal Office)

6. 260 95th Street, Suite 206
(Mailing Address)

Miami Beach, FL 33154

Miami Beach, FL 33154

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

Name: Ryan Malkin, Malkin Law PA

Office Address: 260 95th Street, Suite 206

Miami Beach, Florida 33154
(City) (Zip code)

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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.

[Handwritten signature]

(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]:

Title or Capacity: **Name and Address:**

Manager Name: Luttmann Marketing and Ventures

Member Address: 241 Central Park West Apt 3H

Authorized New York, NY 10024

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: ~~Ryan Malkin~~ Malkin Law PA

Member Address: 260 05th St. Suite 206

Authorized Miami Beach, FL 33154

Person _____

Other _____ Other _____

Manager Name: Flaviar Inc

Member Address: 244 Fifth Avenue, Suite F247

Authorized New York, NY 10001

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Mazza Vineyards

Member Address: 11815 East Lake Road

Authorized North East, PA 16428

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

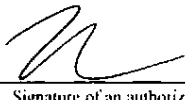
Person _____

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

RYAN MALKIN

Typed or printed name of signer

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "H. MULLIGAN BESPOKE LIBATIONS, 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 SECOND DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "H. MULLIGAN BESPOKE LIBATIONS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2019.

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



7574210 8300

SR# 20197350519

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203713417

Date: 10-02-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:29 AM 08/23/2019
FILED 11:29 AM 08/23/2019
SR 20196681248 - File Number 7574210

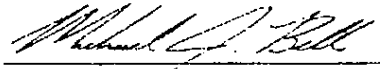
**CERTIFICATE OF FORMATION
OF
H. Mulligan Bespoke Libations, LLC**

(A Delaware Limited Liability Company)

First: The name of the limited liability company is: H. Mulligan Bespoke Libations, LLC

Second: Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this August 23, 2019.



Harvard Business Services, Inc., Authorized Person
By: Michael J. Bell, President