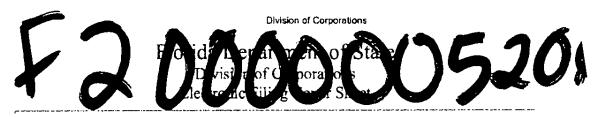
11/18/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 PROFIT/NONPROFIT CORPORATION

Guayaki Sustainable Rainforest Products, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

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.

 Guayaki Sustain 	able Rainforest Products, Inc.		
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting busines	s in Florida)
2. California		3, 770560794	
(State or countr	y under the law of which it is incorporated	(FEI number, if applicable)	
4 12/28/1999		5. Perpenual	
(Date	of incorporation)	(Date of duration, if other than perp	etual)
6. Upon Qualificat	ion		•
V	(Date first transacted busine	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7,6782 Sebastopol	Avenue Suite 100, Sebastopol, CA 95472		
	(Pr	incipal office address)	
same			
	(Current m	nailing address, if different)	
8. Name and street	et address of Florida registered agent:	(P.O. Box NOT acceptable)	7270 8
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		22
Office Hadiess.			;
	Plantation	, Flurida 33324 (Zip code)	ઇક
	(City)	(Zip cade)	25: 110
	eat's acceptance:		
designated in this	s application, I hereby accept the appo	service of process for the above stated corpor pintment as registered agent and agree to ac- tes relative to the proper and complete performs of my position excepts tered agent. Alfred Younan	t in this capacity. I
	By: C T Corporation System	Assistant Secretar	γ
	(Registr	ered 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 bus	siness addresse	s of officer	s and/or di	rectors:
A.	DIRECTORS	SEE ATTACH	MENT		

Chairman	:	
Address:		
-		
Vice Chai	rman:	
Director:		
Address:		
Director		
Addiess:		
B. OFF	ICERS	
President	Christopher Mann	
Address:	6782 Sebastopol Avenue Suite 100	<u>,~,</u>
	Sebastopol, CA 95472	
Vice Pres	ndent:	2
Address:		<u> </u>
Secretary	Jason Knox	
Address:	6782 Sebastopol Avenue Suite 100, Sebastopol, CA 95472	
Treasurer		
Address:		· · · · · · · · · · · · · · · · · · ·
	If necessary, you may attach an addendum to the application listing additional officers and/or dire	ectors.
12	Jason Knox Signature of Director or Officer	
are true	Jason Knox Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Suegree felony as provided for in s.817.155, F.S.	stated herein ate constitutes
13	JASON KNOX< SECRETARY (Typed or printed name and capacity of person signing application)	

Attachment to Florida Officers & Directors

1 Full Name: Christopher Mann
Officer/Director: Officer, Director
Officer's Title: President
Director's Title: Director

Business Address: 6782 Sebastopol Avenue Suite 100

City: Sebastopol

State: CA
ZIP Code: 95472
2 Full Name: David Karr
Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 6782 Sebastopol Avenue Suite 100

City: Sebastopol

State: CA ZIP Code: 95472



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name:

GUAYAKI SUSTAINABLE RAINFOREST PRODUCTS, INC.

File Number: Registration Date: C2206869 12/28/1999

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of November 17, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 18, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: R3AXB6Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.