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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to			
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SECRETARY OF STATE VLI AHASSEE, FLORIDA

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COVER LETTER

TO:	P: Registration Section Division of Corporations					
SUBJ	THE MAKED OC	LLECT	VE (US) LTD.			
5020			- must include suffix	•		
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign Conficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Star	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.			
Please	return all correspondence concernir	ng this matter	to the following:			
Core	ey Bray		-			
		Name of	Person			
Leg	alNature LLC					
		Firm/Com	pany			
8 Th	ne Green Suite 4336					
		Addr	ess			
Dov	er, DE 19901					
		City/State a	nd Zip code			
niall(@tncdrinks.com					
	E-mail address:	(to be used f	or future annual report notification)			
For fur	ther information concerning this ma	itter, please o	all:			
Core	ey Bray	at (888	, 881-1139			
_	Name of Person	Area Cod	Daytime Telephone Number			
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	i:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please n	ed is a check for the following amounake check payable to: FLORIDA DE 00 Filing Fee	PARTMENT Fee &	OF STATE \$ \$87.50 Filing Fee, Certified Copy 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.

•	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	usiness in Florida)
_{2.} Delaware	y under the law of which it is incorporated)		
			n perpetual)
6	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
	Street, Suite 301, Sarasota,		
•		ce <u>street</u> address)	
	(Current mailing	g address, if different)	7. 2
	\ -	,	2022 HAR SECKE F
8. Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	Registered Agents Inc.		16 1884 1881
Office Address:	7901 4th St N STE 300		MAR 16 PH
	St. Petersburg (City)	. Florida 33702	
	(City)	(Zip code)	êm o
3 53 4	ent's acceptance: ned as registered agent and to accept servic application, I hereby accept the appointm	nent as registered agent and agree e elative to the proper and complete p	to act in this capacity. T
Having been nan designated in this further agree to c	omply with the provisions of all statutes re with and accept the obligations of my pos	sition as registered agent.	
Having been nan designated in this further agree to c		, ,	_

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS						
□ Chairman	Name: Niall Phelan	□ Chairman	Name:			
□Vice Chairman	Address: 1343 Main Street, Suite 301	□Vice Chairman	Address:			
Z Director	Sarasota, FL 34243	Director				
√ President		□President				
□Vice President		□Vice President				
Secretary	☐Treasurer	□Secretary	☐ Treasurer			
□Other	Other	□ Other	Other			
Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address.			
□Director		Director				
□President		□ President				
☐ Vice President		□Vice President				
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer			
□Other		□Other				
Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		☐ Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasur er	☐Secretary	☐ Treasurer			
□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 maybe active the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or 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						
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.

13. Niall Phelan, President

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE NAKED COLLECTIVE (US) LTD." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF

JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE NAKED COLLECTIVE (US) LTD." WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2020.

3787159 8300 SR# 20220087825

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

Authentication: 202500012

Date: 01-27-22