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(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PIĆK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SELVEDIAN OF STATE
FALL AHASSEE, FLORIDA

T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Spiritless, Inc.	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m Katherine Kuntz	atter to the following:
	e of Person
Spiritless, Inc.	
Firm/	Company
11801 Domain Blvd Fl 3	
A.	Address
Austin, TX 78758	
City/St.	ate and Zip code
Katherine@Spiritless.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
Katherine Kuntz at (502	Code Daytime Telephone Number
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

(If name unavail	able in Elosido anter elemente anno esta como el		
Dolower	able in Florida, enter alternate corporate name ado	· •	cting outliness in Florida)
	y under the law of which it is incorporated)	4-3336287 (FEI number, if	Familiaghla
7/20/202	•		
	of incorporation)	(Date of duration, if oth	er than perpetual)
01/10/2022	2		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		bility)
11801 D	oman Blvd 3rd floor Austi	· · ·	•,
	(Principal office		· · · · · · · · · · · · · · · · · · ·
11801 Dom	nain Blvd 3rd Floor Austin TX 78	758	
	(Current mailing a	ddress, if different)	
Name and street	et address of Florida registered agent: (P.O. E	ox NOT acceptable)	
Name:	Northwest Registered Agent LLC	_	
ffice Address:	7901 4th St N STE 300	-	FILED 2022 HAR 9 AM I SECOND PARTICIPATION FOR FILE AND SECOND FOR
	St. Petersburg	, Florida 33702	MAR.
	(City)	(Zip code)	9888 6 971.F
Registered age	ent's acceptance:		C 2 ♣
aving been nam	ed as registered agent and to accept service of		ited corporation at the plac
esignated in this orther agree to c	application, I hereby accept the appointmen omply with the provisions of all statutes rela	tive to the proper and comp	gree to act in thincapacity. olete performance of my du
	with and accept the obligations of my positi	on as registered agent.	

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.

A. MRECTORS	•		
□Chairman	Name:	_ Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		_ □Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
□ Chairman	Name:	Chairman	Name: Lauren Chitwood
□Vice Chairman	Address:	_ □Vice Chairman	Address:
□Director		Director	203 Choctaw Road
□President		President	Louisville KY 40207
□Vice President		□ Vice President	
□Secretary	Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	□Other
□ Chairman	Name: Abbey Ferguson	_ □Chairman	Name: Alexandria Larsen
□Vice Chairman	Address:	_ □ Vice Chairman	Address:
□Director	4302 Ashleycreek Court	_ Director	924 Hornsby Hollow
□President	Louisville KY 40241	_ President	Leander TX 78641
□Vice President		□ Vice President	
☑ Secretary	□Treasurer	□Secretary	☐ Treasurer
□Other	Other	Other	□Other
12. The officer or dire	Use an attachment to report more than six (6). added to the index when filing your Florida D Signature of D ctor signing this document (and who is listed in alse information submitted in a document to the	repartment of State Annual Reinfector or Officer	eport form. nat the facts stated herein are true and that he of

13. Alexandria Larsen, Chief Operating Officer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SPIRITLESS, INC." 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 EIGHTH DAY OF FEBRUARY, A.D. 2022.



Authentication: 202609839

Date: 02-08-22