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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 |
| Special Instructions | to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | ; | | |
|---|-----------------------|---|---|
| SUBJECT: Holy Seed Beverage | Co. | | |
| | | on - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corporations of the corporation of | ertificate of Good St | anding" and check are submitt | |
| Please return all correspondence | concerning this mat | ter to the following: | |
| Ryan Malkin | | | |
| | Name o | of Person | |
| Malkin Law, P.A. | | | |
| | Firm/Co | ompany | |
| 260 95th Street, Suite 206 | | | |
| | Ade | dress | |
| Miami Beach, FL 33154 | | | |
| = 1 01 th T | City/State | and Zip code | |
| ryan@malkin.law | | | |
| E-mai | l address: (to be use | d for future annual report notif | ication) |
| For further information concerni | ng this matter, pleas | e call: | - |
| Ryan Malkin | 305 at (| 763-8539 | -: -: |
| Name of Person | Area Co | | Number -1 |
| STREET/COURIER A | DDRESS: | MAILING ADD | |
| Registration Section Division of Corporations | S | Registration Secti Division of Corpo | |
| The Centre of Tallahasse | e | P.O. Box 6327 | |
| 2415 N. Monroe Street. 3 Tallahassee, FL 32303 | Suite 810 | Tallahassee, FL 3 | 2314 |
| ~ | | | 387.50 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.

| (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | | | | |
|--|--|--|--|-----------------------------------|
| (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Bate of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 260 95th Street, Suite 206, B, Miami Beach, FL 33154 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | | | "COMPANY," "CORPORATION," | |
| (PEI number, if applicable) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 260 95th Street, Suite 206, B, Miami Beach, FL 33154 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | (If name unavail | able in Florida, enter alternate corporate name o | dopted for the purpose of transacting bus | siness in Florida) |
| (PEI number, if applicable) (Date of incorporation) (SEE SECTIONS 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Florida (Zip code) Principal office street address) (Current mailing address, if different) Name: (Current mailing address, if different) (Current mailing address, if different) Name: (Current mailing address, if different) | DE | 3. | 34-3192109 | |
| (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 260 95th Street, Suite 206, B, Miami Beach, FL 33154 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Florida (Zip code) Registered agent's acceptance: | (State or count | y under the law of which it is incorporated) | (FEI number, if applical | ble) |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 260 95th Street, Suite 206, B, Miami Beach, FL 33154 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. Tice Address: Miami Beach (City) Florida 33154 (Zip code) Registered agent's acceptance: | | 5. | | |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 260 95th Street. Suite 206, B, Miami Beach. FL 33154 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Florida 33154 (Zip code) Registered agent's acceptance: | (Date | of incorporation) | (Date of duration, if other than p | perpetual) |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 260 95th Street, Suite 206, B, Miami Beach, FL 33154 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | | | | |
| 260 95th Street, Suite 206, B, Miami Beach, FL 33154 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Florida 33154 (Zip code) | | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 | Florida, if prior to registration) O2, F.S., to determine penalty liability) | |
| (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | 260 95th Street. | | , | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. | | | e street address) | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | | ` , | | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | _ | (6 | 71 | |
| Name: Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | | (Current maining | g address, if different) | |
| Name: 260 95th Street, Suite 206 Miami Beach (City) Registered agent's acceptance: | | (Current mailing | gaddress, if different) | |
| Miami Beach (City) Registered agent's acceptance: | Name and stre | | | |
| Miami Beach (City) Florida 33154 (Zip code) Registered agent's acceptance: | | et address of Florida registered agent: (P.O | | |
| Registered agent's acceptance: | Name: | et address of Florida registered agent: (P.O Malkin Law, P.A. | | le? |
| Registered agent's acceptance: | Name: | et address of Florida registered agent: (P.O. Malkin Law, P.A. 260 95th Street, Suite 206 | Box <u>NOT</u> acceptable) | 1871 (c |
| registered agent 3 acceptance. | Name: | et address of Florida registered agent: (P.O. Malkin Law, P.A. 260 95th Street, Suite 206 | Box <u>NOT</u> acceptable) | 1871 (|
| | Name: | et address of Florida registered agent: (P.O. Malkin Law, P.A. 260 95th Street, Suite 206 | Box <u>NOT</u> acceptable) | 1871: 1 |
| | Name: ffice Address: | et address of Florida registered agent: (P.O. Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) | Box <u>NOT</u> acceptable) | |
| | Name: ffice Address: Registered ag faving been namesignated in this | et address of Florida registered agent: (P.O. Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointm | Box NOT acceptable) Florida \(\frac{33154}{(\text{Zip code})}\) e of process for the above stated core ent as registered agent and agree to | poration at the pact in this capa |
| | Name: ffice Address: Registered ag aving been nan esignated in this arther agree to d | et address of Florida registered agent: (P.O. Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re | Box NOT acceptable) Florida \(\frac{33154}{(\text{Zip code})} \) The of process for the above stated core as registered agent and agree to lative to the proper and complete per | poration at the pact in this capa |
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| nd I am familiar with and accept the obligations of my position as registered agent. | Name: Office Address: Registered ag Iaving been nan esignated in this orther agree to d | Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re- with and accept the obligations of my pos- | Box NOT acceptable) Florida \(\frac{33154}{(\text{Zip code})} \) The of process for the above stated core at as registered agent and agree to lative to the proper and complete perition as registered agent. | poration at the pact in this capa |
| urther agree to comply with the provisions of all statutes relative to the proper and complete performance of m nd I am familiar with and accept the obligations of my position as registered agent. Ryan Malkin (Registered agent's signature) | Name: Office Address: Registered aglaving been nanesignated in this | Malkin Law, P.A. 260 95th Street, Suite 206 Miami Beach (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re- with and accept the obligations of my pos- | Box NOT acceptable) Florida \(\frac{33154}{(\text{Zip code})} \) The of process for the above stated core at as registered agent and agree to lative to the proper and complete perition as registered agent. | poration at the pact in this capa |

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

A. DIRECTORS Paul Geller Name: ____ ■ Chairman □ Chairman 35 S lakeshore Drive Address: ☐ Vice Chairman □ Vice Chairman Address: Hypoluxo, FL 33462 Director Director □ President □President □Vice President __ ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ ☐Other _____ Other ____ □Other _____ Name: ______ □ Chairman ☐ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: _____ Director □ Director □ President □ President □Vice President □ Vice President □ Secretary ☐Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ Other ____ Other _____ Name: □ Chairman ☐ Chairman □ Vice Chairman Address: □Vice Chairman Address: _____ ~ল Director Director _____ President □President □ Vice President ☐ Vice President ☐Treasurer ☐ Treasurer ☐ Secretary ☐ Secretary □Other _____ □Other _____ 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. 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 s.817.155, F.S. Paul Gellar, Director

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOLY SEED BEVERAGE CO." 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-SECOND DAY OF SEPTEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOLY SEED BEVERAGE CO." WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Authentication: 204454626

Date: 09-22-22

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