(Red	questor's Name)	
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PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	





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STATE OF CORPERSIONS

### **COVER LETTER**

	stration Section ion of Corporat	ions					
SUBJECT:	Appalachian Di	stillery Inc					
Jobone I.		Name of	corporation	- must inc	lude suffix		
Dear Sir or M	Iadam:						
"Certificate o		"Certificate of	Good Stand	ding" and	check are sub	et Business in Florida," omitted to register the	
Please return	all corresponde	nce concerning	this matter	to the foll	owing:		
Dwayne Freen	nan						
			Name of I	Person			
Appalachian D	Distillery Inc						
			Firm/Com	pany			
3875 Cedar La	ikes Drive						
			Addre	ess			
Ripley, West V	Virginia, 25271						
			City/State ar	nd Zip cod	le		
purchasing@a	ppalachianshine.	com					
-	E-	-mail address: (	to be used fo	or future a	nnual report r	notification)	
For further in	formation conc	erning this mat	ter, please ca	all:			
Taylor Freema	ın	at	(304	Daytime Telephone Number			
Nam	e of Person	***************************************	Area Code	2 D	aytime Telepl	hone Number	
Regis Divis The C 2415	EET/COURIE stration Section tion of Corporat Centre of Tallah N. Monroe Stra hassee, FL 323	tions nassee cet, Suite 810			MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	Section orporations 7	
	check for the for the formeck payable to: I		ARTMENT Fee & □		iling Fee &	\$87.50 Filing Fee, Certificate of Status of	

# 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 Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)	<del>-</del>
2. West Virginia	3.	84-3546692	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	_
4, 2019	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			_
	(Date first transacted business in (SEE SECTIONS 607.150) & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
3875 Cedar Lake	s Drive, Ripley, WV 25271	72	2
/		te street address)	- 135 038
	·	g address, if different)	22 22 22 22 4
	(Current mailing	g address, if different)	20 A
		. Box <u>NOT</u> acceptable) ي	: 399c
8. Name and street	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	
Name:	Menachem Mendel Sossonko		SMONS
Office Address:	1207 Lenox Ave		
	Miami Beach	Florida 33139	
	(City)	, Florida 33139 (Zip code)	
	ent's acceptance:		
designated in this	application, I hereby accept the appointm	re of process for the above stated corporation at the lent as registered agent and agree to act in this cap lative to the proper and complete performance of n ition as registered agent	acity. 1

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

under the law of which it is incorporated.

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

#### A. DIRECTORS Dwayne Freeman Sandra Freeman Name: Name: Chairman Chairman ☐Chairman 296 Whippoorwill Lane 296 Whippoorwill Lane Address: Address: \_ □Vice Chairman □ Vice Chairman Kenna, WV 25248 Kenna, WV 25248 □Director □ Director President □President ■ Vice President □ Treasurer ☐ Secretary □ Treasurer □ Secretary Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other Name: Lauren Freeman Chairman □ Chairman Name: 296 Whippoorwill Lane Address: Address: □ Vice Chairman □ Vice Chairman Kenna, WV 25248 □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 □ Treasurer ☐Secretary □ Treasurer □ Secretary □ 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.

Lauren Freeman, Secretary



# I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

APPALACHIAN DISTILLERY INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on September 24, 2019.

I further certify that the corporation has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

## CERTIFICATE OF EXISTENCE

Validation ID:5WV4K\_4N8Q3

Given under my hand and the Great Seal of the State of West Virginia on this day of

Mac Warner

May 01, 2024

Secretary of State