F26000000329

(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:

W26-3012

Office Use Only

700464561857

2026 JAN 12 PM 1:47

2026 JAN 12 AM 10:33

JAN 16 2026

K. Brumbley

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2026

CORRECTED
Please Allow For
Same File Date

SUBJECT: SOULSTICE, INC.
Ref. Number: W26000003012

We have received your document for SOULSTICE, INC. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L20000091679.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 126A00000588

2026 JAN 15 PM 1:10

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 01/12/2026

WALK IN

ENTITY NAME SOULSTICE, INC

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXXXX — *Plain Copy*

_____ — *Certified Copy*

_____ — *Certificate of Status*

_____ _____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____ — *Certified Copy of Arts & Amendments*

_____ — *Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

_____ — *Certificate of Status*

_____ — *Certificate of Status Reflecting:* _____

_____ _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $ 70.00 ACCOUNT # I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

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.

1. Soulstice, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

SOLLOS Yerba Mate, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. December 3, 2025
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1070 S. Ocean Boulevard; Palm Beach, FL 33480
(Principal office **street** address)

_____
(Current mailing address, if different)

2025 JAN 12 PM 4:47

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SPI Agent Solutions, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

_____
(Registered 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. 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: Spencer Bernstein
☐ Vice Chairman Address: 1070 S. Ocean Blvd.
■ Director Palm Beach, FL 33480
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Stephen Hall
☐ Vice Chairman Address: 1070 S. Ocean Blvd
■ Director Palm Beach, FL 33480
☐ President
■ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Rudolfo Castello
☐ Vice Chairman Address: 1070 S. Ocean Blvd.
■ Director Palm Beach, FL 33480
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Valentino Gomez
☐ Vice Chairman Address: 1070 S. Ocean Blvd
■ Director Palm Beach, FL 33480
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Barron Trump
☐ Vice Chairman Address: 1070 S. Ocean Blvd.
■ Director Palm Beach, FL 33480
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ 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 may be added to the index when filing your Florida Department of State Annual Report form.

12. /s/ Spencer Bernstein
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.

13. Spencer Bernstein, Chairman
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOULSTICE, 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 NINTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOULSTICE, INC." WAS INCORPORATED ON THE THIRD DAY OF DECEMBER, A.D. 2025.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10424509 8300

SR# 20260094470

Authentication: 202776544

Date: 01-09-26

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