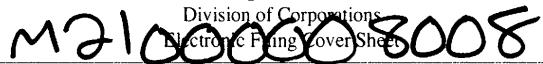
Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000233758 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| E1 | Address: | | | |
|-----------|----------|--|--|--|
| P.IOM L 1 | AUUTESSI | | | |

Foreign Limited Liability Company BrewTown Living, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$130.00 |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | C Limited Liability Company; must include "Umite | d Liability Comp | pany," "L.L.C.," or "U.C.") | | | |
|--------------------------------------|--|------------------------|--|-----------------------------|--|--|
| | | | | | | |
| ame una vailable, enter alternate n | ame adopted for the purpose of transacting business in Fk | orida. The alternate r | name must include "Limited Linbility Com | pany," "L.L.C." or "L.L.C." | | |
| Nevada | | | | | | |
| thinsdiction under the law of wh | nich foreign limited hability company is organized) | 3 | (FFI mumber, if app | FFI mumber, if applicable) | | |
| | ······································ | | | | | |
| | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration.) |) | | | |
| One Vance Gap Road | | One | Vance Gap Road | | | |
| (Street Address of Principal Office) | | 6 | (Mailing Address) | | | |
| | | | · | | | |
| Asheville, NC 28805 | | Asheville, NC 28805 | | | | |
| | | | | | | |
| | · · · · · · | | | | | |
| | | | | 4 1 1 23 | | |
| Name and street addres | s of Florida registered agent: (P.O. Bo: | NOT accept | able) | * (| | |
| | | | | | | |
| Name: | Corporate Creations Network Inc. | | | ယိ | | |
| i varite. | | | _ | PK | | |
| Office Address: | 801 US Highway 1 | | | , Ģ | | |
| | | | 22400 | , <i>ए</i> अ | | |
| | North Palm Beach | | 33408 , Florida | | | |
| | (Cuy) | | (Zip code) | | | |

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Jenisa Irizarry, Special Secretary

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Zealandia Holding Company, Inc. Manager Manager Manager Name: Address: One Vance Gap Road Member Address: _____ Member ... Asheville, NC 28805 Authorized Authorized Person Person Other Other____ Other Other Manager Manager Name: Name: _____ Member Address: Address: Member Authorized Authorized Person Person __Other____ Other____ Other_ Other Manager Name: _____ Manager Name: ____ Member Member Address: Address: Authorized Authorized Person Person Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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. Jenisa Irizarry

Typed or printed name of squice





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BrewTown Living, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/14/2021, and is in good standing in this state.

Certificate Number: 8202106141752820

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/14/2021.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State