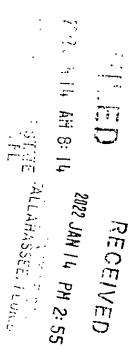
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(Requestor's N	Vame)					
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WA	AIT MAIL					
(Business Ent	ity Name)					
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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S. HAWKES

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

850-245-6051

REQUEST DATE 1/14/2022

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 988835

ORDER ENTITY____

REMEDY DRINKS USA, LLC

PLEASE PERFORM THE FOLLOW	WING SERVICES:
REMEDY DRINKS USA, LLC	

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: debbie.brouse@unisearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Friday, January 14, 2022 Page 1 of 1

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA;

Remedy Drinks USA.	LIEC Limited Liability Company, must include "Limite	d Liability Company.	" "L L C ." or "LLC.")			_
(· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·	, ,			
name unavailable, cater alternate	name adopted for the purpose of transacting business in F	orida. The alternate nam	ic imist include "Limited Liab	olity Company," "I	L.C," or	"LLC
Delaware		83-3201				
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)				_
	(Date first transacted business in Florida, if prior to 4See sections 605 0904 & 605 0905, F.S. to determ	registration) me penalty liability)				
1375 Broadway		1375 Bro	oadway			
eet Address of Principal Office)		(Mail	ing Address)			_
New York NY 10018		New Yor	rk NY 10018			
						_
						_
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable	;)		[ii]	
				. •	2 1	
Name:	C T Corporation System				: 	
Nume.	1200 0 1 0 1 1 1 1 1 1 1			·	_	d (***
Office Address:	1200 South Pine Island Road			Cion Cion	===	,
	Plantation		33324	四點	#H 8: 14	_
	(City)	I	Florida(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.

Meredith Hellwig, Assistant Secretary Muddle Hellwig

Dominic Tetley

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: Remedy Drinks International Limited ■ Manager □Manager Address: ___ 1375 Broadway □ Member ☐ Member Address: New York NY 10018 □ Authorized □ Authorized Person Person □Other..... Other □Other □ Other Name: □Manager Name: ■ Manager ☐ Member Address: Address: _____ □ Member ☐ Authorized □ Authorized Person Person Other □Other____ Other_ ___ □Other _____ □Manager Name: _____ □Manager Name: _____ Address: ____ □ Member Address: □Member □ Authorized ☐ Authorized Person Person ☐ Other_____ Other____ □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. Signature of an authorized person

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "REMEDY DRINKS USA, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF MARCH,

A.D. 2019, AT 3:29 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-SECOND DAY OF APRIL,

A.D. 2019, AT 9:56 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "REMEDY DRINKS USA, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REMEDY DRINKS USA, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2019.

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



Authentication: 205029512

Date: 12-20-21



Page 2



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Date: 12-20-21