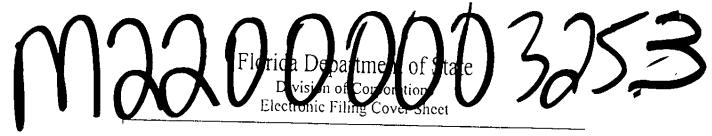
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

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

Email Address: candela.alvaro@gmail.com

Foreign Limited Liability Company True Coconut LLC

Certificate of Status	1
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02 MAR -2 PM 2:27 Secretary of State Mit Mhassee Florida

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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 FOREGY. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

True Coconut LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability	Company. T. U.C.," or "EUC.")		
True Coconut Water LLC					
If name unavailable, enter alternate n	ame adopted for the jurpose of transacting business in Fl	orida The a	diernate name must include "Limited Liab	olity Company," "L L.C." or "Cla	C.")
Delaware		3	<u> </u>		
2. (Introduction under the law of wh	inch loteign limited halidity company is organized)	,,,	(FEI number	, if applicable]	
4	(Date first transacted business in Florida, if princio (See sections 605 0904 & 605 0905; F.S. to determ	registration) hability)	_	
1000 Brickell Ave. Sui	ite 715-1406		1000 Brickell Ave. Suite 715		
5. (Street Address of Principal Office)	<u> </u>	6.	(Mading Address)		
Miami, FL 33131			Mianii, FL 33131	Fig. 3	
				<u> </u>	77
				HAR CHARLE	
7. November of description	ss of Florida registered agent: (P.O. Box	NOT 4	ecceptable)	SSE SSE	m
7. Name and street addres	Section affection affection to the constant	11/21-6	nece patricip	무의 공	Ö
Name:	Alvaro Candela Rambaldi	****	****	PH 2: 27 OF STATE EE, FLORIN	
Office Address:	1000 Brickell Ave. Suite 715-1406			75	
	Miami		33131 , Florida		
	(Cay)		, Florida (Zip code)		
designated in this applicate to comply with the provise	rtance: egistered agent and to accept service of stion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent.	is registi	ered agent and agree to act it	n this capacity. I furthe	er agree
	(Registered agent)	s signature)			

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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:
□Manager	Name: Alvaro Candela Rambaldi	□Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized	Suite 715-1406	□Authorized		
Person	Miami, FL 33131	Person		
□Other	Other	□Other		□Other
⊡Manager	Name:	□Monager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	-	□Authorized		
Person		Person		
Other	□ Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. Non-indexed 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. Fam 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	
	-	
Alvaro Candela	Rambaldi	
Alvaro Candela	1 Rambaldi Typed or printed name of signee	

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRUE COCONUT LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SECOND DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE COCONUT LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2021.

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

Authentication: 202802067

Date: 03-02-22

6123287 8300 SR# 20220849260