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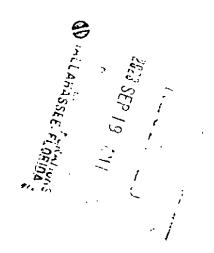
((Requestor's Name)
•	(Address)
	(Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only

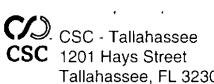


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SEP 20 2023



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 09/19/23 Order #: 1274689-1

Re: Creative Wine Marketing, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

auth

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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:

ity Company." "L.L.d		Company ""I I C " o	
alternate name must incl	hide "Limited Liability	Company ""I 1 (' " or	
		Company, 12.1. C, C	r "LLC.")
i .			
	(FEI number, if	applicable)	
y liability)			
200 Sou	th 10th Stre	et Suite 820	
·	(Mailing Address)		
Ric	Richmond, VA 23219		
accentable)		2023 	
[acceptable)		SEP	2
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. Florida	32301		
	(Zip code)		
tered agent and i	agree to act in t	his capacity. If	further as
	Rice Rice Rice Rice Rice Rice Rice Rice	200 South 10th Stree (Mailing Address) Richmond, VA	200 South 10th Street Suite 820 (Marling Address) Richmond, VA 23219 acceptable) AH 7: 35

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: Vieux Vins Group, LLC Manager Name: Name: 200 South 10th Street **⋉**Member Address: ☐ Member Address: Suite 820 Authorized Authorized Richmond, VA 23219 Person Person Other__ [Other Other___ Other____ Elizabeth Hopper Manager Name: Name: _____ 200 South 10th Street Member Address: | | Member Address: Suite 820 **X** Authorized Authorized Richmond, VA 23219 Person Person Other Other____ Other Name: _____ __Manager Manager 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. 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. Elizabeth Hopper

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CREATIVE WINE MARKETING, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREATIVE WINE MARKETING, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY,

A.D. 2022.

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



Authentication: 204182498

Date: 09-18-23