

M23000013107

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

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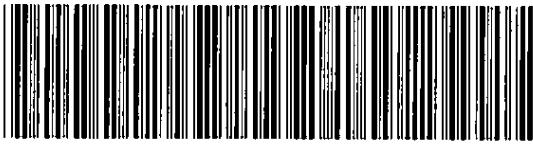
(Business Entity Name)

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(Document Number)

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DIVISION OF MOTOR VEHICLES  
P.O. TALLAHASSEE, FLORIDA

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OCT 11 2023

K. Brumley

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 10/11/2023  
Acc#120160000072

*encl DHL*

|             |                           |  |  |
|-------------|---------------------------|--|--|
| Name:       | Lake Alfred Holdings, LLC |  |  |
| Document #: |                           |  |  |
| Order #:    | 15169815                  |  |  |

|                                   |                          |                         |  |  |
|-----------------------------------|--------------------------|-------------------------|--|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |  |
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| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |  |
|                                   |                          | Number of Certs:        |  |  |

|   |  |  |
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|   | Plain: <input type="checkbox"/>                |  |
|   | COGS: <input type="checkbox"/>                 |  |

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| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **155.00**

**Thank you!**

**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:*

1. Lake Alfred Holdings, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Florida Caribbean Distillers Lake Alfred, L.L.C.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

93-3727003

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2859 Paces Ferry Road SE, Suite 2100

6. 2859 Paces Ferry Road SE, Suite 2100

(Street Address of Principal Office)

(Mailing Address)

Atlanta, GA 30339

Atlanta, GA 30339

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324  
(City) Florida (Zip code)

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AND  
FILED  
2023 OCT 11 PM 6:28

**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.*

By: C T Corporation System  
Laura Broderick  
(Registered agent's signature)

Laura Broderick, Assistant Secretary

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]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                 | <u>Title or Capacity:</u>                | <u>Name and Address:</u>                 |
|--|--|--|--|
| <input type="checkbox"/> Manager           | Name: G2G Holdings Corp.                 | <input type="checkbox"/> Manager         | Name: _____                              |
| <input checked="" type="checkbox"/> Member | Address: 2859 Paces Ferry Road SE,       | <input type="checkbox"/> Member          | Address: _____                           |
| <input type="checkbox"/> Authorized        | Suite 2100                               | <input type="checkbox"/> Authorized      | _____                                    |
| Person                                     | Atlanta, GA 30339                        | Person                                   | _____                                    |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____     |
| <br><input type="checkbox"/> Manager       | Name: _____                              | <br><input type="checkbox"/> Manager     | Name: _____                              |
| <br><input type="checkbox"/> Member        | Address: _____                           | <br><input type="checkbox"/> Member      | Address: _____                           |
| <br><input type="checkbox"/> Authorized    | _____                                    | <br><input type="checkbox"/> Authorized  | _____                                    |
| Person                                     | _____                                    | Person                                   | _____                                    |
| <br><input type="checkbox"/> Other _____   | <br><input type="checkbox"/> Other _____ | <br><input type="checkbox"/> Other _____ | <br><input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                              | <br><input type="checkbox"/> Manager     | Name: _____                              |
| <br><input type="checkbox"/> Member        | Address: _____                           | <br><input type="checkbox"/> Member      | Address: _____                           |
| <br><input type="checkbox"/> Authorized    | _____                                    | <br><input type="checkbox"/> Authorized  | _____                                    |
| Person                                     | _____                                    | Person                                   | _____                                    |
| <br><input type="checkbox"/> Other _____   | <br><input type="checkbox"/> Other _____ | <br><input type="checkbox"/> Other _____ | <br><input type="checkbox"/> 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. 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.

/s/ Jonas McCracken

\_\_\_\_\_  
Signature of an authorized person

\_\_\_\_\_  
Jonas McCracken, Authorized Person

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKE ALFRED HOLDINGS, 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 ELEVENTH DAY OF OCTOBER, A.D. 2023.

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



2394863 8300

SR# 20233702846

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



A handwritten signature of Jeffrey W. Bullock in black ink. Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed in a smaller, sans-serif font.

Authentication: 204347601

Date: 10-11-23