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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 752049 7175508 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: November 5, 2024 ORDER TIME : 10:03 AM ORDER NO. : 752049-015 CUSTOMER NO: 7175508 ______ FOREIGN FILINGS NAME: GROWTH BEVERAGE GROUP HOLDINGS, LLC XXXX QUALIFICATION (TYPE: LP) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER: ____

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

COVER LETTER

BJECT:	GROWTH BEVERAGE GROUP HOLDI	NGS, LLC	
-	Name of Limited Liability Company		
enclosed ' stence, and	Application by Foreign Limited Liability C check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Certific eferenced foreign limited liability company to transact business in Florida.	
ise return a	ll correspondence concerning this matter to	the following:	
	ROBERT CONNOLLY		
	 ·	Name of Person	
	LEVENFELD PEARLSTEIN, LLC		
		Firm/Company	
	120 S. RIVERSIDE PLZ STE 1800		
A		Address	
	CHICAGO IL 60606		
	Ci	ty/State and Zip Code	
	LPAGENTS@LPLEGAL.COM		
	E-mail address: (to be	used for future annual report notification)	
further info	ormation concerning this matter, please call	:	
BRIAN ROSEN		312 617-9057	
	Name of Contact Person	at () Area Code Daytime Telephone Number	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclos	sed is a check for the following amount:	ARTMENT OF STATE	

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: GROWTH BEVERAGE GROUP HOLDINGS, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," of "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.") **DELAWARE** 93-3666438 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3134 GIFFORD LANE 3134 GIFFORD LANE (Street Address of Principal Office) MIAMI FL 33133 **MIAMI FL 33133** 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 (City) 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. Corporation Service Company

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: Name: BRIAN ROSEN ■ Manager Name: □ Manager Address: _ □Member □Member Address: MIAMI FL 33133 ☐ Authorized ☐ Authorized Person Person □Other Other Other____ □Other □Manager Name: _____ ☐ Manager Name: _____ Address: ☐ Member □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. 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 **BRIAN ROSEN**

Typed or printed name of signee

CSC 752049

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

DELAWARE, DO HEREBY CERTIFY "GROWTH BEVERAGE GROUP 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 NINETEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROWTH BEVERAGE GROUP HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204912866

Date: 11-19-24