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### COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJI	Trinity River Distillery, LLC				
		Name of Limited Liability Company			
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning this	matter to the following:			
	Andrew B. Wile				
Name of Person  AWile Consulting, LLC					
	150 Lighthouse Road, A-710				
	<del> </del>	Address			
	Hilton Head Island, SC 29928				
		City/State and Zip Code			
	compliance@silverstarwhiskey.	com			
	E-mail addres	ss: (to be used for future annual report notification)			
For fur	rther information concerning this matter, pl	lease call:			
Andy Wile		203 470-4810 at ( )			
	Name of Contact Perso				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section			
		Division of Corporations			
		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following an Please make check payable to: FLORII  ■ \$125.00 Filing Fee □ \$130.00 F  Cert	DA DEPARTMENT 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:

Trinity River Distillery,	, LLC Limited Liability Company; must include "Limite			
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")	
(II' name unavailable, enter alternate n	name adopted for the purpose of transacting business in F	lorida. The :	lternate name must include "Limited Liabil	ty Company," "L.L.C," or "Ll.C."
Texas 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3.	45-3027872	f applicable)
		(FEI num		ber, if applicable)
April 1, 2025 4.				
	(Date first transacted business in Fiorida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ine penalty	) iability)	<del>_</del>
1734 E El Paso St, Ste 130 5			1734 E El Paso St, Ste 130	
(Street Address of Principal Office)			(Mailing Address)	<del></del>
Fort Worth, TX 76102-6771			Fort Worth, TX 76102-6771	
				<u>6)</u>
7. Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u> a	cceptable)	e .
				 i
Name:	Incorporating Services, Ltd.			19 14
Office Address:	1540 Glenway Drive			I: 10
	Tallahassee, FL		32301 , Florida	
	(City)		(Zip code)	<del></del>

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.

On behalf of: Incorporating Services, Ltd.

Cherombout Amanda Archambault, Assistant Secretary

(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: \_\_ Bruce W Conti Name: \_\_\_\_\_ Thomas S. Ingham Manager □Manager Address: 1734 E El Paso St, Ste 130 Address: \_\_\_\_ 1734 E El Paso St, Ste 130 Member ■ Member Fort Worth, TX 76102-6771 Fort Worth, TX 76102-6771 ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ Other\_\_\_ Other □Other □Manager Name: □Manager 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. 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.

Thomas S. Ingham

Typed or printed name of signer

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Trinity River Distillery LLC (file number 801465625), a Domestic Limited Liability Company (LLC), was filed in this office on August 12, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 30, 2025.



gave Helson

Jane Nelson Secretary of State