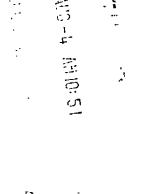
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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RECEIVED

S. ROBERTS AUG - 4 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 861693 8002456

AUTHORIZATION

COST LIMIT : (\$\125.00

ORDER DATE : August 4, 2022

ORDER TIME : 1:24 PM

ORDER NO. : 861693-005

CUSTOMER NO: 8002456

FOREIGN FILINGS

NAME: JYPSI SPIRITS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER -

COVER LETTER

TO:	Registration Section Division of Corporations				
SURJEC	Jypsi Spirits, LLC				
.500020		ame of Limited Liability Company			
		ity Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida			
Please re	eturn all correspondence concerning this matte	er to the following:			
	Tammie Y. Proctor				
		Name of Person			
	McGuireWoods LLP				
		Firm/Company			
SUBJECT The enclose Existence, Existence, Please return M. Re D. P. Ta	2000 McKinney Avenue, Suite 140	0			
		Address			
	Dallas, TX 75201				
		City/State and Zip Code			
	andrea@outsiderspirits.com				
	E-mail address: (to	be used for future annual report notification)			
For furth	er information concerning this matter, please	call:			
	Andrea Myers	561 639-7310			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STATE			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPIJANCE 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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in E	Florida The alternate	name must include "Limited Liabi	lity Company,	"L.L.C," o	r"LLC.
Delaware 2.			2954992			
(Jurisdiction under the law of w	which foreign limited hability company is organized)	J	(FEI number,	if applicable)		
N/A						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 603,0905, F.S. to determ	o registration.) nine penalty liability	· · · · · · · · · · · · · · · · · · ·			
240 Royal Palm Way		240 I	Royal Palm Way			
eet Address of Principal Office)		0				
Suite 201		Suite	: 201			
Palm Beach, FL 33480)	Palm	Beach, FL 33480	-	-	_
Name and street address Name:	ss of Florida registered agent: (P.O. Bo Corporation Service Company	x <u>NOT</u> accept	table)		122 AUS -4 I	i v
Office Address:	1201 Hays Street	-	_	:	VH 10: 2	
	Tallahassee		32301 . Florida		<u> </u>	
	(City)		(Zip code)			

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Rajesh Alva □Manager Name: Manager Address: 240 Royal Palm Way □Member □Member Address: _____ Suite 201 □ Authorized □ Authorized Palm Beach, FL 33480 Person Person □Other____ Other____ □Other □Other □Manager Name: _____ □ Manager Name: ______ □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person Other_ Other_____ Other □Other Name: _____ □Manager □Manager Name: Address: ШМсmbeг □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 Rajesh Alva

l'yped or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "JYPSI SPIRITS, 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 FOURTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JYPSI SPIRITS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2021.

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



Authentication: 204083583

Date: 08-04-22