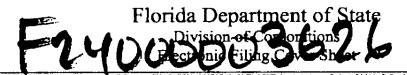
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

'Ronnie-Campbell 8004323622

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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Enter the email address for this business entity to be used for future the annual report mailings. Enter only one email address please.

一会 Email Address: 上会社 本会社

FOREIGN PROFIT/NONPROFIT CORPORATION JOE & THE JUICE US HOLDINGS INC.

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Joe & The Juice US Holdings In	nc.
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ling" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Name of P	Person
Capitol Services - Corporate Filings Tearn	
Firm/Comp	pany
515 East Park Avenue 2nd FI	
Addre	SS
Tallahassee, FL 32301	
City/State an	d Zip code
uslegal@joejuice.com	
E-mail address: (to be used to	or future annual report notification)
For further information concerning this matter, please ca	all:
at (<u>855</u>	498 - 5500
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$\sum_{\text{S}}\$ \$78.75 Filing Fee & Certificate of Status	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

DocuSign Envelope ID: 1BDF768B-0C87-4736-83D0-8B682CDEA72C

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transactin 30-0869223	ng business in Florida)
	ry under the law of which it is incorporated)	(FEI number, if ap	pplicable)
April 15, 2	015		
	e of incorporation)	(Date of duration, if other	than perpetual)
May 8, 20	17		
	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,1501		ity)
110 Greer	ne St, Suite 702, New York, New Y	ork 10012	
	(Principal office	e street address)	
-	(Current mailing	address, if different)	
Name and stre	(Current mailing et address of Florida registered agent: (P.O. Capitol Corporate Services, Inc.		2024 4
	et address of Florida registered agent: (P.O.		21024 ABA
Name:	et address of Florida registered agent: (P.O. Capitol Corporate Services, Inc.	Box <u>NOT</u> acceptable)	2024 AHA-TOL
Name:	Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Fl		MYSTRAPHAN BO
Name: ffice Address: Registered agaving been naisignated in thirther agree to	Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Fl Tallahassee	Box NOT acceptable) , Florida 32301(Zip code) e of process for the above states ent as registered agent and agrelative to the proper and comple.	ee to act in this capa
Name: ffice Address: Registered agaving been naisignated in thirther agree to	Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Fl Tallahassee (City) gent's acceptance: med as registered agent and to accept services application, I hereby accept the appointment of the comply with the provisions of all statutes received and accept the obligations of my positive and accept the obligations of my positive accept the accept the obligations of my positive accept the accept the obligations of my positive accept the accep	Box NOT acceptable) , Florida 32301(Zip code) e of process for the above states ent as registered agent and agrelative to the proper and comple.	ee to act in this capa te performance & m

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

H24000232397 3

DocuSign Envelope ID: 18DF7688-0C87-4736-83D0-88682CDEA72C A. DIRECTORS Name: Andreas Peter Dipo-Zimmerman Chairman Chairman Name: Vice Chairman Address: ☐ Vice Chairman Address: _____ 110 Greene St, Suite 702 Director □ Director New York, NY 10012 ☐ President President ☐ Vice President ☐ Vice President Secretary Treasurer Secretary Treasurer Other _____ Other _____ Other _____ Other _____ Name: _____ Name: ____ Chairman Chairman Vice Chairman Address: _______ Vice Chairman Address: Director Director ☐ President President Vice President ☐ Vice President _ Treasurer Treasurer Secretary Secretary Other _____ Other _____ Chairman Name: _____ Chairman Vice Chairman Address: ☐ Vice Chairman Address: _____ Director Director President President Vice President ____ Vice President Secretary Treasurer Secretary Treasurer 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. Indens file De-Bonconna Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. Andreas Peter Dipo-Zimmermann

(Typed or printed name and capacity of person signing application)

<u>Delaware</u>

Page 1

The First State

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

DELAMARE, DO HEREBY CERTIFY "JOE & THE JUICE US HOLDINGS INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JULY, A.D.

2024.

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOE 6 THE JUICE US HOLDINGS INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF APRIL, A.D. 2015.

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

5729483 8300
SR# 20243053085
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203850945

Date: 07-02-24