

Secretary of State

Application to Register a Foreign Limited **Liability Company (LLC)**

Secretary of State	LLC-5				
Application to Register a Foreig Liability Company (LLC)	n Limited	For Office Use Only -FILED- File No.: 202565616336			
Must be submitted with a current Certificate of Good Standing government agency where the LLC was formed.	issued by the	Date Filed: 1	/31/2025		
Filing Fee - \$70.00					
Certified Copy Fee (Optional) - \$5.00					
Note: Registered LLCs in California may have to pay minimum \$ California Franchise Tax Board each year. For more information, onttps://www.ftb.ca.gov/.		This Space Fo	r Office l	Jse Only	,
1a. LLC Name (Enter the exact name of the LLC as listed on your attac	ched Certificate of Good	t Standing.)			
Sui Generis Beverage L	LhC				
1b. California Alternate Name, If Required (Only enter an alte	emate name if the LLC r	name in 1a not available in	California.))	
	·		r-		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attach		Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Myoming USA		· · ·	<u> </u>		
 b. Authority Statement (\$\text{9}\) on talter Authority Statement) This LLC currently has powers and privileges to conduct but 	siness in the state	foreign country or pla	ce enter	ed in Ite	m 2a
3. Business Addresses (Enter the complete business addresses					
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviati				
228 West Pamona Ave	Manager	Monrevia		910	16
b. Street Address of Principal Office in California, If any - Do not enter a P.O. B	Box City (no abbreviation	ons)	State	Zip Coo	
228 West Pomona Ame	Monrey	Monrovia		91016	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box	c 3a 3b			<u> </u>	
d. Mailing Address - if different than item 3a or 3b		City (no abbreviations)		Zip Code	
4. Service of Process (Must provide either Individual OR Corporat	tion.)		. 		
	full name and California	street address			,
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's		Last Name			Suffix
	Middle Name				
a. California Agent's First Name (if agent is not a corporation)	Middle Name City (no abbreviati	ons)	State	Zip Cox	de
a. California Agent's First Name (if agent is not a corporation)		ons)	State CA	Zip Coo	de
a. California Agent's First Name (if agent is not a corporation)	City (no abbreviati			Zip Coo	de
a. California Agent's First Name (if agent is not a corporation) b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviati	rporation.		Zip Cox	de

LLC-5 (REV 11/2023)

Signature

2023 California Secretary of State bizfileOnline.sos.ca.gov

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Sui Generis Beverage LLC

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Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 1, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001419070**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of January, 2025 at 6:18 PM. This certificate is assigned ID Number 080795830.



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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.