

State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:						
Bacardi U.S.A., Inc.	·					
2. It is incorporated under the laws of: Delaware	Delaware					
3. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:						
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4. The date of its incorporation is: 03/24/1995						
And the period of its duration is: CHECK ONE BOX ONLY X Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
2701 Le Jeune Road, Coral Gables, FL 33134						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name C T Corporation System						
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A						
City/Town East Providence	State RHODE ISLAND	Zip Code ₀₂₉₁₄				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 14 2024, 4:16

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Alcoholic and non-alcoholic beverages, wine, and distilled spirits provider						
Q (a) The names and re	enactive adds	acces of its	directors (on	tional unless	directors are required under the laws of the	
state or country of which			onectors (ob	aviidi, dilless	GIROSIO DI O TOGGIRO GIROSI INO IGNO GIROSI	
NAME	<u>-</u>				ADDRESS	
Tony Latham	2701 Le Jourg Poud C		une Road Cor	oral Gables, Florida 33134, United States		
Tony Latham		2701 Le Jeune Road, Corar Gables, Florida 35154, Office States				
Martin Voke 2701 Le Jeune Roa		une Road,Cor	Road, Coral Gables, Florida 33134, United States			
Sebastian Andres Deiros 2		2701 Le Je	2701 Le Jeune Road, Coral Gables, Florida 33134, United States			
					Check the box to indicate an attachment	
8. (b) The names and re of the state or country o				cers (mandato	ry if directors are not required under the laws	
OFFICE		NAME			ADDRESS	
PRESIDENT	Tony Latham		2701 Le Jeune Road, Coral Gables, Florida 33134, United States			
VICE PRESIDENT	Kathleen Procario		2701 Le Jeune Road, Coral Gables, Florida 33134, United States			
TREASURER	Sebastian Andres Deiros		2701 Le Jeune Road, Coral Gables, Florida 33134, United States			
SECRETARY	Martin Voke		2701 Le Jeune Road, Coral Gables, Florida 33134, United States			
	<u></u>			<u> </u>	Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if	er of shares w	hich it has a	authority to is	sue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLA			SERIES	PAR VALUE OR STATE NO PAR VALUE	
1500000	Common				\$0.01	
75000	Preferred Series B			\$1.00		
	<u></u>					
						
	_					
10 An estimate as a a	ercentage of	the proport	ion that the e	stimated value	e of the property of the corporation to be	
located within this state the following year, when	during the foll	lowing year	bears to the	value of all pro	operty of the corporation to be owned during	
0.0204094		•	-			
<u>0.0204076</u> %						
at or from places of bus	siness in Rhod	le Island du	ring the follov	ving year com	business to be transacted by the corporation pared to the gross amount thereof which will be obtained from worksheet.)	
0.461400%		·		-		
	<u>. </u>					

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12. This application must be accompanied by a <u>Certificate of Good St</u> formation dated within 60 days of the date of this filing.	anding/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK OI	NE BOX ONLY			
X Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
14. Under penalty of perjury, I declare and affirm that I have examined any accompanying attachments, and that all statements contained he				
Type or Print Name of Authorized Officer	Date			
Martin Voke	06/12/2024			
Signature of Authorized Officer of the Corporation				
Martin Voke				



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

DELAWARE, DO HEREBY CERTIFY "BACARDI U.S.A., INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

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

OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2024.

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

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

Authentication: 203709827

Date: 06-14-24

RI SOS Filing Number: 202455783880 Date: 6/14/2024 4:16:00 PM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

June 14, 2024 04:16 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

