



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

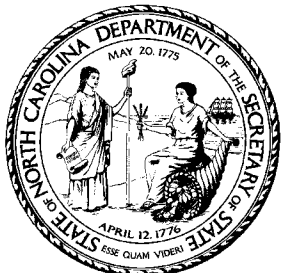
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

APPALACHIAN DEW, LLC

the original of which was filed in this office on the 13th day of December, 2021.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of December, 2021.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

SOSID: 2320190
Date Filed: 12/13/2021 5:24:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2021 347 00089

Limited Liability Company
ARTICLES OF ORGANIZATION

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: Appalachian Dew, LLC
(See Item 1 of the Instructions for appropriate entity designation)
2. The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both by checking all applicable boxes.) **Note: This document must be signed by all persons listed.**

Name	Business Address	Capacity	
<u>Samuel R. Henderson</u>	<u>- 500 Westover DR #10186 Sanford NC, 27330-8941 United States</u>	<input checked="" type="checkbox"/> Member	<input type="checkbox"/> Organizer
_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Organizer
_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Organizer
3. The name of the initial registered agent is: Samuel R. Henderson
4. The street address and county of the initial registered agent office of the limited liability company is:
Number and Street 500 Westover DR #10186
City Sanford State: NC Zip Code: 27330-8941 County: Lee
5. The mailing address, if different from the street address, of the initial registered agent office is:
Number and Street _____
City _____ State: NC Zip Code: _____ County: _____
6. Principal office information: (Select either a or b.)
 - a. The limited liability company has a principal office.
The principal office telephone number: _____
The street address and county of the principal office of the limited liability company is:
Number and Street: _____
City: _____ State: _____ Zip Code: _____ County: _____

The mailing address, if different from the street address, of the principal office of the company is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

b. The limited liability company does not have a principal office.

7. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.

8. **(Optional):** Listing of Company Officials (See instructions on the importance of listing the company officials in the creation document.

Name	Title	Business Address
Samuel R. Henderson	Member	500 WESTOVER DR #10186 SANFORD

9. **(Optional):** Please provide a business e-mail address: Privacy Redaction
The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.

10. These articles will be effective upon filing, unless a future date is specified:

This is the 13th day of December, 2021.

Samuel R. Henderson
Signature

Samuel R. Henderson Member/Organizer
Type or Print Name and Title

The below space to be used if more than one organizer or member is listed in Item #2 above.

Signature

Type or Print Name and Title

Signature

Type or Print Name and Title

NOTE:

1. Filing fee is \$125. This document must be filed with the Secretary of State.