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SECRETARY OF STAIL DIVISION OF CORPORATIONS

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COVER LETTER

2009 FEB 23 PM 3: 23

TO: New Filing Section Division of Corporations						
SUBJECT: Blue Point Brewing Company, Inc.	C.					
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
Lynn Ingram						
(Name of Person)						
Blue Point Brewing Company, Inc						
(Firm/Company)						
161 River Ave						
(Address)						
Patchogue, NY 11772						
(City/State and Zip co	de)					
For further information concerning this matter, please call:						
Lynn Ingram _{at (} 631 ₎ 475-6944 x156						
(Name of Person) (Area Code & Daytime Telephone Number)						
New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Tallahassee, FL 32301	tununuoses, i D 55511					
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$\sum \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & Certificate of Status	ling Fee & S87.50 Filing Fee, Copy Certificate of Status & Certified Copy					

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.

1.		int Brewing Company, Inc.				-
	(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")),"	"COMPANY," "CORPORATION,"		
	mc., Co., C	corp, me, co, or corp.)				
	(If name unavail	able in Florida, enter alternate corporate name	e ac	dopted for the purpose of transacting business in F	lorida)	-
2	New York			11-3394400		
۷,		under the law of which it is incorporated)	· –	(FEI number, if applicable)		_
4	11-14-199	96 5	F	Perpetual		
•		e of incorporation)		(Duration: Year corp. will cease to exist or "perpe	tual")	_
6.						_
		(Date first transacted business		Florida, if prior to registration) 2, F.S., to determine penalty liability)		
	161 Divor	,	150	2, 1.3., to determine penanty natimity)		
7.	101 Kivei	Av Patchogue, NY 11772				-
	404 Di	(Principal office ad	are	ss)		
	161 River	Av Patchogue, NY 11772		· · · · · · · · · · · · · · · · · · ·		_
		(Current mailing ad	dre	ss)		
Q	Sell Beer				2	္
ο.		s) of corporation authorized in home state or c	cou	ntry to be carried out in state of Florida)	-69	- NS
a	Name and stree	et address of Florida registered agent: (P.	Ω	Box NOT acceptable)	833	골뜻
٠,	rvanie and <u>strev</u>		Ο.	Box MOTacceptacie)	23	유자
	Name:	Incorp Services, Inc.			-	25 C
o	ffice Address:	17888 67th Court North			P# 3	T S I
		Loxahatchee		, Florida 33470	မှ 2	
		(City)		(Zip code)	w	```

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dull on behalf of Incorp Services Inc.

11. 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.

12. Names and business addresses of officers and/or directors:	SECRETAINED
A. DIRECTORS .	SECRETARY OF STATE DIVISION OF CORPORATIONS
Chairman:	2009 FEB 23 PM 3: 23
Address:	
Vice Chairman:	
Address:	
	,
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: +C+CCOTTC	
1 1 () , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
22 2 2 2	
Address: 237 MCOnnel Ace	
- 504 DG 11705	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing additional or	fficers and/or directors.

(Signature of Director or Officer listed in number 12 of the application)

14.

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BLUE POINT BREWING COMPANY, INC. was filed on 11/14/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of December two thousand and eight.



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