# F19000000 477

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2019 JAN 22 PH 3: 01
SEGRETARY OF STATE
TALLAMASSEE EN SATE

### **COVER LETTER**

_	tration Section of Corp						
		Beer Distributor, Inc	-				
SUBJECT:		Name o	f corporation	n - must	include suffix		
Dear Sir or M	adam:						
"Certificate o	f Existence		of Good Sta	anding a	and check are sub	ct Business in Florida." omitted to register the	
Please return	all corresp	ondence concerni	ng this matt	er to the	following:		
Joseph Mangio	one						
			Name o	f Person			
Crescent Beer	Distributor,	Inc.					
			Firm/Co	mpany			
3570 Route 21	9						
			Add	ress	· <u> </u>		
Mt Jewett, PA	16740						
		· <del></del>	City/State	and Zip	code		
joemangione@	hughes.net						
		E-mail address:	(to be used	for futu	re annual report	notification)	
For further in	formation (	concerning this ma	atter, please	call:			
Joseph Mangione		814 at (	778	778-1100			
Name	e of Persor		Area Co	de	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a		he following amo  \$78.75 Filing Certificate o	Fee &		5 Filing Fee & Ted Copy	\$87.50 Filing Fee. 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.

Crescent Beer D				<u>.</u>
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	-
Pennsylvania 2.		25-1754453		
	y under the law of which it is incorporated)	(FEI number, if app	olicable)	-
January 1, 1995		NA		
4. (Date	of incorporation) 5.	(Date of duration, if other t	han perpetual)	-
January 1, 2018				
6	(Date first transacted business i	n Florida, if prior to registration)		_
3570.0	(SEE SECTIONS 607.1501 & 607.1	502. F.S., to determine penalty liabilit	y)	
7	Mi. Jeweii, PA 16740			_
-	(Princi	pal office address)		
Same			AL 38	_
	(Current maili	ng address, if different)	JAN PART	<b>&gt;</b> 1
			N 22 TARN IASSI	F <sub>A</sub> P
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		ESS -
Name:	Nicola Mangione	<del></del>	<b>PH</b> FE.	) /EC
Office Address:	10806 Lemon Lake Blvd		9: 0 ORI	
Office Address:	Orlando	<del></del> 32836-5040	in =	
		, Florida		
	(City)	(Zip code)		
O. Baristandan	ent'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.

(Registered agent's signature)

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

11. Names and business addresses of officers and/or directors:

A. DIR	ECTORS  Paul Mangione			
Chairman	:			
Address:	204 Quaker Hill Road			
	Warren, PA 16365			
Vice Cha	Joseph Mangione irman:			
Address:	1111 Quaker Hill Road			
_	Warren, PA 16365			
Director:	<del>.</del>			
Address:				
			<u> </u>	
Director:	<del> </del>			
Address:				
B. OFF	ICERS			
President	Paul Mangione			
Address:	204 Quaker Hill Road			
	Warren, PA 16365			
Vice Pres	Joseph Mangione ident:	SEC FALL	2019	
Address:	1111 Quaker Hill Road		JAN	AF
. 1441-055.	Warren, PA 16365	SSE	22	PROPRIE
Secretary	None	T S	<b>X</b>	O VE
vddress:		DRIT	_ <del>ပ္</del> ဘ	
	None	<u>~</u>		
reasurer	·			
ddress:	If necessary you may attach an addendum to the application listing additional offi	cers and/or d	irecto	*s.
true a	Signature of Director or Officer retror or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S. ph Mangione. Vice President			

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

01/11/2019

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### CRESCENT BEER DISTRIBUTOR, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COMPANY OF THE STATE OF

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190111141216-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify