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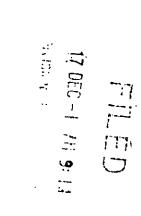
	(Requestor's Name)	
-	(Address)	
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	(City/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer	
		

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COVER LETTER

Registration Section Division of Corporations

TO:

		Name of 1	Limited Liability (Company	
nclosed ". nce, and	Application by For check are submitte	reign Limited Liability Comp ed to register the above refero	oany for Authoriza enced foreign limi	ition to Tra ted liability	msact Business in Florida." Certific y company to transact business in Fl
return al	I correspondence	concerning this matter to the	following:		
	craig m koch				
		N	ame of Person		
	alcohol is a s	olution, Ilc			
		Fi	rm/Company		
	9052 sw 208	3 ter			
			Address		
	cutler bay, FL				
		City/S	tate and Zip Code		
	alcoholias@gm	ail.com E-mail address: (to be use	d for luture annua	Freport no	iffication)
rther info	ormation concerning	ng this matter, please call:			
craig	m koch		at (412	, 298 0	880
	Name (of Contact Person	Area Code	-/ Day	rtime Telephone Number
Divisi Regist P.O. H	unc Address; on of Corporation; ration Section Box 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, F1, 32301
	heck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filio	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	•	, ,		Liability Company," "L.L.C.," or	
(If name unavailable, enter al Liability Company," "L.L.C."		or the purpose o	f transacting busi	ness in Florida. The alternate na	ine must include "Limited
g delaware, u.s.a.			3. 82-242537	0	
(Jurisdiction under the law company is organized)	of which foreign limited	d liabîlity		(FEI number, if applicable	
none	(Date first tran: (See sections 605	sacted business .0904 & 605.09	in Florida, if prio 05, F.S. to detern	r to registration.) tine penalty liability)	_
9052 sw 208 ter					_
cutler bay, FL 33189					
	(Street	Address of Prin	icipal Office)		-
9052 sw 208 ter					- 18 T
cutler bay, FL 33189					1
		(Mailing Add	dress)		—
7. Name and <u>street addres</u>	≲ of Florida registere	d agent: (P.O.	Box NOT acco	eptable)	•
Name:	Registered Agents	Inc.			سسد حنعن
Office Address:	3030 N. Rocky Po	oint Dr. STE	150A		
	Tanıpa			. Florida 33607	
		(City)		(Zip code)	-
				ine above siaica uniica nai	
Taving been named as relessignated in this applica ocomplywith the provision occupt the obligations of the o	tion, I hereby accept ons of all statutes rel my position as registe	the appointmentive to the progred agent. (Registere	oper and complete		
Taving been named as relessignated in this applica ocomplywith the provision of the obligations of the same. The name, title or cap:	tion, I hereby accept ons of all statutes relo my position as registe acity and address of the	the appointmentive to the progred agent. (Registered ic person(s) where the appointment is the person (s) where the appointment is appointment in the appointment is	d agent's signatu	ete performance of my dutie	
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to complywith the provision coupt the obligations of a second the obligations of a second the name, title or caps sole owner; craig m kc	of existence, no more of which it is organized	the appointmentive to the progred agent. (Registered agent)	d agent's signature ho has/have author, FL, 33189	re) nority to manage is/are: nticated by the official having	s, and I am familiar wi
Having been named as redesignated in this applicate to complywith the provision over the obligations of the sole owner; craig maked. Attached is a certificate urisdiction under the law	of existence, no more of which it is organized	the appointmentive to the progred agent. (Registered agent)	d agent's signature ho has/have author, FL, 33189	re) nority to manage is/are: nticated by the official having	s, and I am familiar wi
Having been named as relessignated in this applicate to complywith the provision occept the obligations of the same, title or caps sole owner; craig m kg. Attached is a certificate urisdiction under the law of the translator must be st.	ons of all statutes relative position as register and address of the poch 9052 sw 208 temporary of existence, no more of which it is organized abmitted)	the appointmentive to the progred agent. (Registered agent) (Reg	d agent's signature ho has/have author, FL, 33189	re) nority to manage is/are:	s, and I am familiar w

Typed or printed name of signee

craig m koch



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

DELAWARE, DO HEREBY CERTIFY "ALCOHOL IS A SOLUTION LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALCOHOL IS A SOLUTION LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE SEEN PAID TO DATE.

Authentication: 203611199

Date: 11-21-17