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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

FOREIGN PROFIT/NONPROFIT CORPORATION

Briggs CW, Inc.

Certificate of Status	0
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J. Shivers SEP 0 8 200 9/4/2009

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 PLORIDA.

I. Briggs C	W. Inc.		_
	orporation; must include "INCORPORATED prp," "Inc," "Co," or "Corp."))," "COMBANY," "CORPORATION,"	-
	•		
(If name unevails	able in Florida, enter alternate comorate name	e adopted for the purpose of transacting business in Florida	5
2. Louisian	•	27-0863457	•
(State or country)	under the law of which it is incorporated)	(FBI number, if applicable)	
	, 2009	Perpetus1	
	of incorporation)	(Duration: Year corp. will cease to exist or "perpenual")	-
6. Not prior	r to registration		
···		in Floride, if prior to registration) 1502, F.S., to determine penalty (lability)	-
, 6	41 Papworth Avenue, Metairie	, LA 70005	
**	(Principal office ad	dress)	-
6	641 Papworth Avenue, Metairie	. LA 70005	
	(Current mailing ad	dress)	-
	oint venture which owns and/o	r operates retail establishments sell:	ing holic beverages,
9. Name and atree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	
N оле:	C T Corporation System		
Office Address:	1200 South Pine Island Road	·	
	Plantation	, Florida ³³³²⁴	
	(City)	(Zip code)	
10. Registered as	cat'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.

By: CT Corporation System Debra Boetiger

Assistant Secretary

(Registered agent's signature)

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: A. DIRECTORS Chairman: David A. Briggs, Jr. Address: 641 Papworth Avenue Metalrie, JA 70005 Vice Chairman: _____ Address: _ Director: David A. Brigge, Jr. Address: 641 Papworth Avenue Merafele, TA 70005 Director: _ Address: R. OFFICERS President: Travis L. Briggs Address: 641 Papworth Avenue Metairie, LA 70005 Vice President: Address: _ Secretary: _____Danny Drago Address: ______641 Papemeth Avenue, Matairie, LA 70005 Denny Drago Treasurer: _____ Address: 641 Papworth Avenue, Metairie, LA 70005 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Travia L. Srigge, President
(Typed or printed name and capacity of person signing application)

United States of America State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

BRIGGS CW, INC.

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on August 13, 2009,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
September 3, 2009

Secretary of State



Certificate ID: 20090903002679

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.louisiana.gov