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(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
<u> </u>				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Ellino Office				
Special Instructions to Filing Officer:				
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Office Use Only

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2009 NOV 25 PH 4: 30

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Southern Tier Brewing COMPANY, Inc
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," or "Certificate of Good Standing" 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:
Phineas Tre-Mink
Name of Person
Suthern Tier Brewing Company Inc
Firm/Company
10 Box 166
Address
Lallewood NY 14750
City/State and Zip code
Prink @ Southern tier brewing com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (716) 763 5479 X201 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

09 NOV 25 PM 12: 20

November 16, 2009

DEPARTMENT OF STATE DAVISION OF CCREORATIONS TALLAHASTET, FLORIDA

PHINEAS DEMINK **PO BOX 166** LAKEWOOD, NY 14750

SUBJECT: SOUTHERN TIER BREWING COMPANY, INC.

Ref. Number: W09000050273

We have received your document for SOUTHERN TIER BREWING COMPANY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The registered agent must sign accepting the designation.

Please have an individual sign for the business listed as the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch

Regulatory Specialist II Letter Number: 409A00035548

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. (Enter name of co	WITH SECTION 607.1503, FLORIDA STATE ELGIN CORPORATION TO TRANSACT BUSI OFFICE TO THE TENTO OFFICE TO THE TRANSACT BUSI OFFICE TO THE TRANSACT BUSINESS OF	a Comony Inc	ALASSE O	70ng NOV 25 P	FILET
2. (State or country 1	MCW YOF M 3	ration: Year corp. will cease to exist or "perpetual")	ORDA -	PH 4: 30	
6. None 7. 2072 Po Bo	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, 1) Thorman Office address) (Principal office address) (Current mailing address)		_		
, , ,	Sell beer to Florid) of corporation authorized in home state or country t address of Florida registered agent: (P.O. Bo		bution	7 .	
Office Address:	Plantation, (City)	, Florida ³³³²⁴ (Zip code)	emphage sign of a pool of linear radiation	<u> </u>	
designated in this	ed as registered agent and to accept service of application, I hereby accept the appointment	f process for the above stated corporation at the as registered agent and agree to act in this cap ve to the proper and complete performance of n	acity. I		

and I am familiar with and accept the obligations of my position as registered agent.

JAMES M. NEWSOME Special Assistant Secretary By:

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.

TILED

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

A. DIRECTORS	
Chairman:	
Address:	200
	40
Vice Chairman:	SA S
Address:	
	- 5 3 8
Director:	
Address:	
Director:	
Address:	** · · · · · · · · · · · · · · · · · ·
B. OFFICERS	
President: Phineas DeMink	
11.	
Berry Point NY 14712	
Vice President:	
Address:	
Secretary: Sala DeMink	
Address: 4077 (alleview or Benus Point NI	1 14712.
Address: 10 // CWK (100 D) BOTOM	1 , , , , , ,
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
13. <u>ara Wilmi</u>	
(Signature of Director or Officer listed in number 12 of the application)	
14. Sara DeMink Secretary	

I hereby certify, that the Certificate of Incorporation of SOUTHERN TIER BREWING COMPANY, INC. was filed on 06/18/2002, 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. I further certify the following:

A Biennial Statement was filed 08/12/2004.

A Biennial Statement was filed 05/24/2006.

A Biennial Statement was filed 06/16/2008.

I further certify, that no have been filed by suc Corporation.

> my hand and the official seal 🗐 e Department of State at the City of bany, this 28th day of October two

First Deputy Secretary of State

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