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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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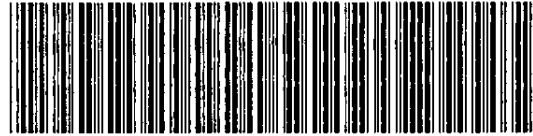
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED FEB 21 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Crispin Cider Company

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:

Greg Gadel

Name of Person

Crispin Cider Company

Firm/Company

405 Central Ave SE, Suite 110

Address

Minneapolis, MN 55414

City/State and Zip code

greggadel@crispincider.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Gadel

Name of Person

at (612) 805-6817

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 &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

Florida

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. Crispin Cider Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Minnesota 3. 06-1794807
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/29/2006 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. March 1, 2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 405 Central Ave. SE #110 Minneapolis, MN 55414
(Principal office address)
- Same
(Current mailing address)

8. Sales of beverages and other products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: NRAI SERVICES, INC.

Office Address: 515 EAST PARK AVENUE

TALLAHASSEE, Florida 32301
(City) (Zip code)

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.

 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.

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

A. DIRECTORS

Chairman: Trevor Heron

Address: 405 Central Ave SE, Suite 110
Minneapolis, MN 55414

Vice Chairman: Lesley Heron

Address: 405 Central Ave. SE, Suite 110
Minneapolis, MN 55414

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Trevor Heron

Address: 405 Central Ave. SE, Suite 110
Minneapolis, MN 55414

Vice President: Lesley Heron

Address: 405 Central Ave. SE, Suite 110
Minneapolis, MN 55414

Secretary: Lesley Heron

Address: 405 Central Ave. SE, Suite 110, Minneapolis, MN 55414

Treasurer: Lesley Heron

Address: 405 Central Ave. SE, Suite 110, Minneapolis, MN 55414

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Trevor Heron President and CEO

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Crispin Cider Company

Date Formed: 09/29/2006

Chapter Governed By: 302A

This certificate has been issued on 02/02/11.

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CLERK OF STATE
TALLAHASSEE, FLORIDA



Mark Ritchie
Secretary of State.