

F14000001804

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR 23 PM 1:18

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TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION  
HARBOUR ISLAND RUM COMPANY, INC.**

Certificate of Status	0
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Corporate Filing Menu

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FL4000001804



April 21, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GASSMAN & ASSOCIATES, P.A.

SUBJECT: HARBOUR ISLAND RUM COMPANY, INC.  
REF: W14000025204

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H14000093303  
Letter Number: 714A00008478

**HARBOUR ISLAND RUM COMPANY, L.L.C.,**  
*a Florida limited liability company*  
**3260 Casey Key Road**  
**Nokomis, FL 34275**

April 18, 2014

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
14 APR 23 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Re: HARBOUR ISLAND RUM COMPANY, L.L.C.**  
**Document Number: L13000178580**

Dear Sir/Madam:

Attached please find documentation to facilitate the following:

1. Articles of Amendment to change the name of HARBOUR ISLAND RUM COMPANY, L.L.C., Florida limited liability company, to HARBOUR ISLAND RUM COMPANY HOLDINGS, L.L.C.
2. Application by Foreign Corporation for Authorization to Transact Business in Florida, whereby my Delaware corporation, HARBOUR ISLAND RUM COMPANY, INC., will register to transact business in Florida under the same name.


Please consider this letter as authorization for use of similar name to allow the above filings.

Both HARBOUR ISLAND RUM COMPANY, L.L.C., the Florida limited liability company, and HARBOUR ISLAND RUM COMPANY, INC., the Delaware corporation, are wholly owned by my Florida limited partnership, FARRELL FAMILY PARTNERSHIP, L.P. (Document Number A10000000486). I am the sole Manager of the Florida LLC and the sole Officer and Director of the Delaware corporation.

Should you have any questions on the above, please contact Tina Arvin at 727-442-1200 x. 241.

Thank you for your assistance with the above corporate filings.

Best regards,

  
**JOSEPH T. FARRELL,**  
Manager

Audit Fax #  
H140000933033

**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. **HARBOUR ISLAND RUM COMPANY, INC.**

(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. **DELAWARE**

(State or country under the law of which it is incorporated)

3. **46-4939301**

(FEI number, if applicable)

4. **02/25/14**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **3260 CASEY KEY ROAD, NOKOMIS, FL 34275**

(Principal office address)

**3260 CASEY KEY ROAD, NOKOMIS, FL 34275**

(Current mailing address)

8. **LIQUOR DISTRIBUTION**

(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: **ALAN S. GASSMAN, ESQ.**

Office Address: **1245 COURT STREET, SUITE 102**

**CLEARWATER**

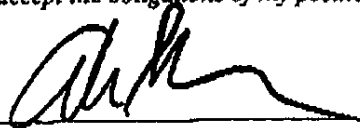
(City)

, Florida **33756**

(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.*



(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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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: JOSEPH T. FARRELL

Address: 3260 CASEY KEY ROAD, NOKOMIS, FL 34275

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JOSEPH T. FARRELL

Address: 3260 CASEY KEY ROAD, NOKOMIS, FL 34275

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: JOSEPH T. FARRELL

Address: 3260 CASEY KEY ROAD, NOKOMIS, FL 34275

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JOSEPH T. FARRELL

Address: 3260 CASEY KEY ROAD, NOKOMIS, FL 34275

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. JOSEPH T. FARRELL, President

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARBOUR ISLAND RUM COMPANY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF APRIL, A.D. 2014.

FILED  
14 APR 23 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5478938 8300

140498676

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1308710

DATE: 04-22-14