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COVER LETTER

TO:	Registration Sec Division of Corp					
			Brews Cruis	e, Inc.		
SUBJ	JECT:	Name of a	omoration	- must	include suffix	
		rame or c	мронил	- mast	melade sarrix	
Dear S	Sir or Madam:					
"Certi	ficate of Existence		Good Stan	ding" a	ind check are sub	ct Business in Florida," omitted to register the
	e return all correspo a Lyons	ondence concerning	this matter	to the	following:	
Vice P	resident, Brews Crui	se, Inc.	Name of I	Person		
10350	Imperial Point Drive	: W. (Unit #19)	Firm/Com	pany		
Largo,	.FL 33774		Addre	ss		
trish@	brewscruise.com	(City/State a	ıd Zip	code	
		E-mail address: (t	o be used f	or futu	re annual report i	notification)
For fu	rther information of	oncerning this matt	er, please c	all:		
Patricia Lyons		828				
	Name of Person		Arca Code		Daytime Telep	hone Number
	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassec, FL	orations Center Circle			MAILING A Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7
Enclos	sed is a check for t	he following amoun	t:			
□ \$7	0.00 Filing Fee	\$78.75 Filing F Certificate of S	ce & □ Status		5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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. Brews Cruise, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") **Brews Cruise** (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) North Carolina 26-2923854 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) continuous (Date of incorporation) (Date of duration, if other than perpetual) N/A (just moved here this week) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 10350 Imperial Point Drive W. (Unit #19), Largo, FL 33774 (Principal office address) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Patricia Lyons Name: 10350 Imperial Point Drive W. (Unit #19) Office Address: Largo 9. 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.

10. 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.

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

A. DIRI	ECTORS	
Chairman	:	
Address:		
Vice Chai	rman:	
Address:		
D: -		
Director:		
Address:		 -
Director:		
Address:		
B. OFF	ICERS	-
011	Mark Lyons	
President:	10350 Imperial Point Drive W. (Unit #19)	
Address:		18
	Largo, FL 33774	JAN
Vice Pres	Patricia Lyons ident:	Sin I
	10350 Imperial Point Drive W. (Unit #19)	2 F 17
Address:	Largo, FL 33774	
	Patricia Lyons	ف ـــــــ
Secretary:	10350 Imperial Point Drive W. (Unit #19), Largo, FL 33774	
Address:	Patricia Lyons	
Treasurer		<u> </u>
Address:	10350 Imperial Point Drive W. (Unit #19), Largo, FL 33774	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
12.	Signature of Director or Officer	
are true a	er or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Depart agree felony as provided for in s.817.155, F.S.	
Patrie	(Typed or printed name and capacity of person signing application)	
	(Typed or printed name and capacity of person signing application)	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

BREWS CRUISE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina. having been incorporated on the 24th day of July, 2008, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of January, 2018.

6 laine I Marshall

Secretary of State