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Division of Corporations



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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: legal@blackritlecoffee.com

FOREIGN PROFIT/NONPROFIT CORPORATION

BRC INC.

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Docusign Envelope ID: 78377EAS-9159-45FE-BD23-B24FE0086DD7

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.

	orporation: must include "INCORPORATED," orp.," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION."		
Black Rifle	Coffee Inc.			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. Delaware	3.	87-3277812		
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)		
10/26/2021	5.	Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
, Upon Qualitica	ion			
	(Date first transacted business in			
	(Sint Site (10.48 607.1501 & 607.15	62. F.S., to determine penalty liability)		
. <u>1144 S 500 W, S</u>	ALT LAKE CITY, UT 84101			
	(Principal oth	ce <u>street</u> address)		
same				
Statistic	/Compart mouth	11 16 P. C		
Same	(Current mailin	g address, if different)		
	et address of Florida registered agent: (P.C			
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C			
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	D. Box NOT acceptable)		
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation	D. Box NOT acceptable)		
3. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	. Box NOT acceptable) , Florida 33324		
. Name and <u>stre</u> Name: Office Address: . Registered ag	et address of Florida registered agent: (P.C.C.T.Corporation System 1200 South Pine Island Road Plantation (City)	. Box <u>NOT</u> acceptable) , Florida 33324		
Name and <u>stre</u> Name: Office Address: Registered ag Javing been nam	et address of Florida registered agent: (P.C.C.T.Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service.	. Florida 33324		
Name and <u>stre</u> Name: Office Address: Registered aglaving been namesignated in this	et address of Florida registered agent: (P.C.C.T.Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointn	. Florida 33324		
Name and <u>stre</u> Name: Office Address: Registered ag Javing been nam Jesignated in this	et address of Florida registered agent: (P.C.C.T.Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointn	Florida 33324 (Zip code) The second of the above stated corporation at the second of the proper and agree to act in this second of the proper and complete performance to sition as registered agent.		
Name and streen Name: Office Address: Office Address: Office Address: Office Address:	et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes rewith and accept the obligations of my position.	Stition as registered agent.		
Name and <u>stre</u> Name: Office Address: Office Address: Office Address: Office Address:	et address of Florida registered agent: (P.C. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept servic application. I hereby accept the appointmomply with the provisions of all statutes rewith and accept the obligations of my position. C T Corporation System	Stition 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Docusign Envelope ID: 78377EA5-9159-45FE-BD23-B24FE0086DD7

A. DIRECTORS					
□Chairman	Name: Chris Mondzelewski	□ Chairman	Name: Steve Kadenacy		
□Vice Chairman	Address: 1144 S 500 W	□Vice Chairman	Address: 1144 \$ 500 W		
∑ Director	SALT LAKE CITY, UT 84101	□Director	SALT LAKE CITY, UT 84101		
₹Presidem		□ President			
□Vice President		∐Vice President			
□Secretary	O'Treasurer	□ Secretary	□Trc.(sure)		
BOther <u>CEO</u>		⊠ Other CFO	□Othet		
□Chairman	Name: Chris Clark	⊏ Chairma o	Name: Evan Hafer		
⊒Vice Chaπman	Address: 1144 S 500 W	L. Vice Chairman	Address: 1144 S 500 W		
□Director	SALT LAKE CITY, UT 84101	☑ Director	SALT LAKE CITY, UT 84101		
□President		□ President			
_IVice President		∟ Vice President			
Secretary	Fifteasurer	[Secretary	□Treasurer		
ZOther Chief Technology & □Other					
T(Դոստոս	Name: Andrew McCormick	□ Chairman	Name: Katy Dickson		
□Vice Chairman	Address; 1144 \$ 500 W	□ Vice Chairman	Address: 1144 \$ 500 W		
□Director	SALT LAKE CITY, UT 84101	☑ Director	SALT LAKE CITY, UT 84101		
□President		∏ President			
□Vice President		□ Vice President			
∑ Secretary	□Treasurer	□ Secretary	☐Treasurer		
General Cou 図Other	nsel & Secretary (CLO)	⊠ Other Director	Other		
SEE ATTACHMENT Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be imaged for reporting purposes only. Non-indexed individual will be					

The officer or director signing this document (and who is listed in number 11 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 \$.817.155, F.S.

13. Andrew McCormick, General Counsel & Secretary (CLO)

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

Docusign Envelope ID: 78377EA5-9159-45FE-BD23-B24FE0086DD7

Attachment to Florida Officers & Directors

1 Full Name: Steven Taslitz
Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 1144 S 500 W

City: SALT LAKE CITY

State: UT ZIP Code: 84101

2 Full Name: Tom Davin
Officer/Director: Director

Officer's Title:

Director's Title:

Business Address:

City:

Director

1144 S 500 W

SALT LAKE CITY

State: UT ZIP Code: 84101

3 Full Name: | Glenn Welling

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 1144 S 500 W
City: SALT LAKE CITY

State: UT ZIP Code: 84101

4 Full Name: Clayton Hutmacher

Officer/Director: Director
Officer's Title: Director's Title:

Business Address: 1144 \$ 500 W

City:

Salt Lake City, UT State:

ZIP Code: \$4101

5. Full Name Lawrence "Chip" Molloy

Officer/Director Director
Officer's Title Director
Director's Title H144 S 500 W
Business Address Salt Lake City, UT

City 84101

State Zip

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRC 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-SIXTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204241019

Date: 08-26-24