# TO: Qualification/Tax Lien Section Division of Corporations

Division of Corporations	, ,
SUBJECT: NEW KNOXVIILE BREWING COMPANY (Name of corporation - mind include startix)	
Dear Sir or Madam:	*****70.00 ******70.00
The enclosed "Application by Foreign Corporation for Authorization to Tra Florida", "Certificate of Existence", and check are submitted to register the foreign corporation to transact business in Florida.	nsact Business in above referenced
Please return all correspondence concerning this matter to the following:	
Robert HARVEY (Name of Person)  NEW KNOXVILLE BREWIN (mpany (Pirm/Company)  708 EAST Depot AVE (Address)	FILED 96 AUG 27 AN 3:53 SECRETARY OF STATE TALLAHASSEE. FLORIDA
	/ <del></del> )

Should you need to call someone concerning this matter, please call:

Robert HArzvey at (423) 521 7870
(Name of Person) at (423) 521 7870
(Area Code & Daytime Telephone Number)

### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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. NEW KNOXUILLE BREWING COMPANY
1. AEW KNOXUILE BREWTW COMPANY", "CORPORATION" or Words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. TENNESSEE 3. 621579704 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/5/94 (Date of Incorporation)  5. Depoluration: Year corp. will cease to exist or "perpetual")
6. Upon Approvided (See Sections 607.1501, 607.1502, AND 817.153.153.)
7. 708 EAST DEPOT AVE 25 27
KNOXVILLE, TA 37917
8. Sell MALT BEVERAGES TO FL Wholeshers  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT
Name: David Johnson
Office Address: 808 W. Amelia St
Orlando, Florida, 32805 (Zip Code)
10. Registered agent's acceptance: (Zip Code)
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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: Vice Chairman: Address: Director: Address: 95 more S Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) VEN DELY President: \_ Address: \_ Vice President: \_ Address: \_ Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or  $\underline{\text{directors}}$ . Vice Chairman, or any officer listed in number 12 of the application)

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

Secretary of State Corporations Section James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 08/19/1996 REQUEST NUMBER: 3205-1014 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/07/1994 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0284869 JURISDICTION: TENNESSEE

TO:
NEW KNOXVILLE BREWING CO
AT:ROBERT L HARVEY
708 EAST DEPOT AVE
KNOXVILLE, TN 37917

REQUESTED BY:
NEW KNOXVILLE BREWING CO
AT:ROBERT L HARVEY
708 EAST DEPOT AVE
KNOXVILLE, TN 37917

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "NEW KNOXVILLE BREWING COMPANY"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID,
THAT THE HOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED



FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/19/96

FROM: NEW KNOXVILLE BREWING CO. 708 E. DEPOT AVE

RECEIVED:

\$20.00

KNOXVILLE, TN 37907-0000

TOTAL PAYMENT RECEIVED:

\$40.00

RECEIPT NUMBER: 00001999268 ACCOUNT NUMBER: 00215929

FEES \$20.00



RILEY C. DARNELL SECRETARY OF STATE