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SECRETARY OF STATE

J. BRYAN

JAN - 3 2012

EXAMINER

COVER LETTER

| | ation Section 1 of Corporations | | | | |
|-----------------------------------|---|---|---|--|--|
| SUBJECT: RO | ed Hound Brewery, LL | С | | | |
| Name of Limited Liability Company | | | | | |
| The enclosed Art | icles of Organization and fee(s) are sul | omitted for filing. | | | |
| Please return all o | correspondence concerning this matter | to the following: | | | |
| David | ID. Kirk | | | | |
| Davie | | ame of Person | | | |
| | | | بہ | | |
| | F | im/Company | TILEU PH I: II SECRETARISSEE. FLORIG | | |
| 000 | SW 126th St | | | | |
| 902 | 5VV 120ti 13t | Address | | | |
| | | | Fig. 2 | | |
| Newbe | erry, FL 32669 | state and Zip Code | | | |
| dkirk@ | ddkirk.com | iate and zip code | | | |
| CHIRCE | E-mail address: (to be used for | future annual report notification | n) | | |
| For further inform | nation concerning this matter, please c | all: | | | |
| David Kirk | í | _{at (} 352) 870-196 | 52 | | |
| | Name of Person | Area Code & Daytime 7 | elephone Number | | |
| Enclosed is a ch | neck for the following amount: | | | | |
|]\$125.00 Filing Fo | ee status Sertificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Centor Tallahassee, FL 3230 | ons er Circle | | |

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Red Hound Brewery, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

MIII DEC 28 PM I:WI The mailing address and street address of the principal office of the Limited Liability Com

| Principal Office Address: | Mailing Address: | |
|---------------------------|--------------------|---|
| 902 SW 126th St. | 902 SW 126th St. | |
| Newberry, FL 32669 | Newberry, FL 32669 | _ |
| | | _ |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| David D. K | Cirk |
|------------|--|
| | Name |
| 902 SW | / 126th St. |
| - | Florida street address (P.O. Box NOT acceptable) |
| Newberry | _{FL} 32669 |
| | City State and Zin |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|--|--|
| "MGR" = Manager | _ |
| "MGRM" = Managing Member | David Kirk 902 SW 126th St Newberry, FL 32669 |
| 1.400 | Per la |
| MGR | David Kirk |
| | 902 SW 126th St |
| | Newberry, FL 32669 |
| 1.40C) A | Eq. 3 |
| MGRM | Kari Dalusio |
| | 6711 SW 44th Ave |
| | Gainesville, FL 32608 |
| | , |
| MGRM | Gene Dalusio |
| | 6711 SW 44th Ave |
| | Gainesville, FL 32608 |
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| | |
| (Use attachment if necessary) | |
| | 221 |
| | ate of filing: (OPTIONAL) |
| | pecific and cannot be more than five business days prior |
| to or 90 days after the date of filing.) | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| | |
| ' 1' | · () / () |
| - Jav | 70 10 00 |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)