14000017091

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900255865549

01/27/14--01039--006 **125.00

'JAN 3 1 2014

EFFECTIVE DATE
2-1-14

T. BROWN

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: NATURE COAST BREWING COMPANY, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES W. STEVENS
Name of Person
NATURE COAST BREWING COMPANY, LLC
Firm/Company
564 CITRUS AVENUE
Address
CRYSTAL RIVER, FL 34428
City/State and Zip Code
burkesbrewclub@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES STEVENS at (352) 228-0406
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 2-1-14

ARTICLE I - Nan	ARTICLES OF ORGANIZATI	ION FOR FLORIDA L	IMITED LIABILI	TY COMPANY & . T
UKLICER L-HAN	ne;			The transfer
The name of the Li	mited Liability Company is:			TY COMPANY THE CO
NATURE COAST BREW	ING COMPANY, LLC			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	(Must end with the words	"Limited Liability C	Company, "L.L.C	C.," or "LLC.")
ARTICLE II - Ad	drace.			A Comment of the Comm
	s and street address of the pi	rincipal office of the	Limited Liabilit	
Principal Office A	ddress:	Mailing Addres	<u>s:</u>	
564 CITRUS AVENUE		SAME		
CRYSTAL RIVER, FL 34	428			
and miles Cubinteps vi				
	Florida street address of the i	registered agent are:		
another business en	•	······································	····	
	Florida street address of the i	registered agent are:	···	
	Florida street address of the i	Name		
	JAMES W. STEVENS	Name I DRIVE	eptable)	
	lorida street address of the I JAMES W. STEVENS 1825 N. CROOKED BRANCH	Name DRIVE (P.O. Box <u>NOT</u> acce	eptable)	
	JAMES W. STEVENS 1825 N. CROOKED BRANCH Florida street address (Name DRIVE (P.O. Box <u>NOT</u> acce		

(CONTINUED)

Page 1 of 2

Nature (oast Brewing Conpany, LLC

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	
MGR	JAMES W. STEVENS
	1825 N. CROOKED BRANCH DRIVE
	LECANTO, FL 34461
AMBR	JACOB P. STEVENS
	355 N.E. CRYSTAL STREET, APT B
	CRYSTAL RIVER, FL 34428
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date in	the date of filing: FEBRUARY 1, 2014 . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than fective date is listed, the date in	the date of filing: FEBRUARY 1, 2014
LE V: Effective date, if other than	the date of filing: <u>FEBRUARY 1, 2014</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than fective date is listed, the date me of filing.)	the date of filing: <u>FEBRUARY 1, 2014</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than fective date is listed, the date me of filing.)	st be specific and cannot be more than five business days prior to or 90 days

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

JAMES W. STEVENS