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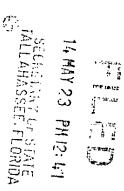
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/23/14--01014--020 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blackadder 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:
Christian Hart
Name of Person
Blackadder Brewing Company LLC
Firm/Company
1000 NW 51st Ter.
Address
Gainesville, FL 32605
City/State and Zip Code chris@blackadderbrewing.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christian Hart Name of Person at (352) Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\frac{1}{2}\$\$ \$130.00 Filing Fee \$\frac{1}{2}\$\$ \$155.00 Filing Fee \$\frac{1}{2}\$\$ \$160.00 Filing Fee, Certificate of Status \$\frac{1}{2}\$\$ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			COMPLET
ARTICLE I - Name:			
The name of the Limited Liability Compa	ny is:		
Blackadder Brewing Company LLC			
	words "Limited	Liability Company, "L.L.C.,"	or "LC")
(Mass one Man Mass	, ords Similed	Diability Company, E.E.C.,	or blee.
ARTICLE II - Address:			
The mailing address and street address of	the principal of	ffice of the Limited Liability C	ompany is:
Principal Office Address.	Maiti	na Adduses	
Principal Office Address:	Mann	ng Address:	
Blackadder Brewing Company LLC		Blackadder Brewing Company LLC	
1000 NW 51st Ter.		1000 NW 51st Ter.	
Gainesville, FL 32605		Gainesville, FL 32605	
ARTICLE III - Registered Agent, Regis			
The Limited Liability Company cannot so mother business entity with an active Flo			esignate an individual or
mouner business entity with an active rio	rida registration	n. <i>)</i>	
The name and the Florida street address o	f the registered	agent are:	
REG	SISTERED AGENTS	SINC.	
	Name		
	ky Point Dr., STE 15		
Florida street add	iress (P.O. Box	NOT acceptable)	
	Tampa	FL 33607	
	City	Zip	
Having been named as registered agent a the place designated in this certificate, capacity. I further agree to comply with of my duties, and I am familiar with an Registered	I hereby accept the provisions of d accept the obl Chant	t the appointment as registered of all statutes relating to the proligations of my position as register 605, F.S Dan Keen - P ture (REQUIRED)	agent and agree to act in this oper and complete performance stered agent as provided for in
	-		PH 12: 4:1 E. FLORID

AMBR" = Authorized Member MGR" = Manager MBR Christian Hart 1000 NW 51st Ter. Galnesville, FL 32605 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) VI: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated hereinarie true. I am aware that any false information submitted in a document to the Department off State constitutes a third degree felony as provided for in s.817.155, F.S.)	<u> Citle:</u>	Name and Address:
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V: Effective date, if other than the date of filing:		Gainesville, FL 32605
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