

(Re	equestor's Name)	
<u>.</u> (Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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T. SCOTT



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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	American Craft Beer Documenta	у
SOBJEC		Limited Liability Company
The encl	osed Articles of Organization and fee(	s) are submitted for filing.
Please re	turn all correspondence concerning thi	s matter to the following:
	Sharyn Bey Turchin	
		Name of Person
	Sharyn Bey Productions	
		Firm/Company
	2845 N.E. 9th Street//TS 1201	
		Address
	Fort Lauderdale, FL 33304	
		City/State and Zip Code
		SMAIL: COM used for future annual report notification)
	`	•
or further	r information concerning this matter, p	lease call:
	Sharyn Bey a	954 829-0763
	Name of Person	Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:	
<b>]</b> \$125.00	Filing Fee \$130.00 Filing Fee Certificate of Status	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
American Craft Beer			
(Must end v	vith the words "Limited	d Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal o	office of the Lim	ited Liability Company is:
<u>Principa</u>	d Office Address:		Mailing Address:
2845 NE 9th Streeet//	TS 1201	:	2845 NE 9th Street// TS1201
Fort Lauderdale, FL 3	3304		Fort Lauderdale, FL 33304
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Age	Agent's Signature: ent. You must designate an individual or
The name and the Florida street a	ddress of the registered	d agent are:	
	Sharyn Bey Turchin		
	-	Name	
	2845 NE 9th Street/T Florida street addres		T acceptable)
	Fort Lauderdale	FL	33304
	City	State	Zip

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 605, F.S..

Registered Agent's Signature (REOUIRED)

(CONTINUED)

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AMBR" = Authorized MGR" = Manager		Name and Address:
_	Member	
		a
MGR		Sharyn Bey Turchin
		2845 NE 9th Street/TS1201
		Fort Lauderdale, FL 33304
<u></u>		
Use attachment if neces		
	the Department of Stat	ne applicable statutory filing requirements, this date will not te's records.
7 TE Office provisions, I		
	URE: 🔿	
	URE: Vaum	Bey Lew
REOUIRED SIGNATION Si This does	ignature of a member cument is executed in a vare that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
Signat Signat Signat This doe I am aw constitu	ignature of a member cument is executed in a vare that any false informates a third degree felon Sharyn Bey Turchin	accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
Signat Signat Signat This doe I am aw constitu	ignature of a member cument is executed in a vare that any false informates a third degree felon Sharyn Bey Turchin	accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State

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ARTICLE IV-