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C. CARROTHERS

COVER LETTER *

	gistration Section vision of Corporations
SUBJECT:	Cold Beer Company, LLC
SODJECT.	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Jacob Zepf
-	Name of Person
•	Cold Beer Company, LLC
-	Firm/Company
	3413 Lake Breeze Drive
	Address
(Orlando, FL 32808
ia	City/State and Zip Code
<u> </u>	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
J	acob Zepf 407 409-2068 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:
\$125.00 Fili	ng Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}}\ \begin{array}{ c c c c c c c c c c c c c c c c c c c
	Mailing Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cold Beer Com		d Linkilla Commons	wilc"or"ic")	
(Mus	st end with the words "Limite	a Liability Company	, "L.L.C., OF LLC.)	
ARTICLE II - Address:				
he mailing address and st	reet address of the principal	office of the Limited	Liability Company is:	
<u>P1</u>	rincipal Office Address:		Mailing Address:	
3413 Lake Bre	eze Drive	3413	Lake Breeze Drive	
Orlando, FL 32			ndo, FL 32808	
				<u> </u>
	npany cannot serve as its owi th an active Florida registrati		You must designate an individual or	THE CO
nother business entity wi		on.)	You must designate an individual or	2015 JUL 23
nother business entity wi	th an active Florida registrati	on.)	You must designate an individual or	
nother business entity wi	th an active Florida registrati street address of the registere Jacob Zepf	on.) d agent are: Name	You must designate an individual or	METARY OF STATE
nother business entity wi	th an active Florida registrati street address of the registere Jacob Zepf 3413 Lake Breeze D	on.) d agent are: Name		
nother business entity wi	th an active Florida registrati street address of the registere Jacob Zepf 3413 Lake Breeze D	on.) d agent are: Name		
nother business entity wi	th an active Florida registrati street address of the registere Jacob Zepf 3413 Lake Breeze D Florida street addre	on.) d agent are: Name Prive ass (P.O. Box NOT a	cceptable)	

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jacob Zepf
	2320 Musselwhite Ave
	Orlando, FL 32804
MGR	Brittany Dilorio
	2320 Musselwhite Ave
	Orlando, FL 32804
MGR	Wyatt Mariacher
	3413 Lake Breeze Drive
	Orlando, FL 32808
MGR	Nick Zepf
	2320 Musselwhite Ave
	Orlando, FL 32804
	date of filing: 7/27/2015 . (OPTIONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) If the date inserted in this block does in the date in the dat	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
ICLE V: Effective date, if other than the effective date is listed, the date must bate of filing.)	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days and not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days and not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be comment's effective date on the Department's effective date on the Department'	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be comment's effective date on the Department's effective date on the Department'	not meet the applicable statutory filing requirements, this date will not be list nent of State's records. a premoter or an authorized representative of a member. Secured in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State

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)