

Division of Corporations

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**L21000530762**

## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

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**FLORIDA LIMITED LIABILITY CO.****Brew With Purpose LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Brew With Purpose LLC

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

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**3322 Cloie Anne Ct  
Medford, OR 97504**Mailing Address:**3322 Cloie Anne Ct  
Medford, OR 97504**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:

Vcorp Services, LLCIndividual5011 South State Road 7, Suite 106Florida street address (P.O. Box **NOT** acceptable)DavieFlorida33314CityStateZip

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 ~~his~~ **his** 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~~ **Chapter** 605, F.S.



Mimi Sanik

Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGR

David W Martin  
 3322 Cloie Anne Ct  
 Medford, OR 97504

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

To the fullest extent not prohibited by law, no member or manager of this Company shall be personally liable to the Company or its members for monetary damages for conduct as a member or manager, provided that no such limitation or elimination of liability is incompatible with applicable law.

**REQUIRED SIGNATURE:**

DocuSigned by:

DAVID W MARTIN

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
 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.

David W Martin

Typed or printed name of sign

**Filing Fees:**

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)