Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DANALYNN0823@GMAIL.COM

SECRETARY OF STATE
TALL AHASSEE, FL

2.5.5.4.4. AHII: 21

FLORIDA LIMITED LIABILITY CO. CASK & KEG, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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H22000003601

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: CASK & KEG, LLC (Must end with 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: Mailing Address: 30044 GREEN BAY DRIVE 30044 GREEN BAY DRIVE TAVARES, FL 32778 TAVARES, FL 32778 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 fr another business entity with an active Florida registration.)

DANA McDONOUGH

The name and the Florida street address of the registered agent are:

Name

30044 GREEN BAY DRIVE

Florida street address (P.O. Box NOT acceptable)

TAVARES

14154847068

City

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 (REQUIRED)

DANA McDONOUGH

Dana McDonough

(CONTINUED)

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⊕ 01/04/2022,7:53 AM.

H22000003601

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	DANA McDONOUGH
AMBR	1003 HILL STREET
	CINCINNATI, OH 45202
AMBR	PATRICK McDONOUGH
	1003 HILL STREET
	CINCINNATI, OH 45202
	SECRETARY OF STATE TALLAHASSEE, FL the date of filing:
	子
(Use attachment if necessary)	T, F
	-1
TLF V: Effective date if other than	the date of filing: (OPTIONAL) 59
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effective date is listed, the date mute of filing.)	the date of filing:
effective date is listed, the date muster of filing.)	the date of filing:
effective date is listed, the date mate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ana McDonough of a member or an authorized representative of a member.

→ 18506176381

DANA McDONOUGH Typed or printed name of signee