Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA

Account Number : I20050000145 Phone : (813)988-5500 Fax Number : (813)988-5510

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

nathan@nltlaw.com Email Address:___

22 FLORIDA LIMITED LIABILITY CO. CBC Beverage Consulting LLC Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge \$160.00 2023

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Help

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ARTICLES OF ORGANIZATION OF CBC BEVERAGE CONSULTING, LLC

ARTICLE I -- NAME

The name of the limited liability company is CBC Beverage Consulting, LLC, ("company").

ARTICLE II ADDRESS

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

Principal Office Address: 4818 W. Euclid Ave. Tampa, Florida 33629

Mailing Address: 4818 W. Euclid Ave. Tampa, Florida 33629

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Nathan L. Townsend, P.A. 1000 Legion Place., Ste. 1200 Orlando, Florida 32801

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.

/S/ Nathan Townsend

Nathan L. Townsend, P.A.

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Kent S. King

4818 West Euclid Ave. Tampa, Florida 33629

REQUIRED SIGNATURE:

Kent S. Kina

(mrs ring (fun 17 20) / 11 29 15 (

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.

Kent S. King

Typed or printed name of signee

2028 JAN 27 AM 3: