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SECRETARY OF STATE

T. CLINE
JUN 1 7 2008
EXAMINER

#### **COVER LETTER**

_	stration Section sion of Corporations
SUBJECT:	Iron City Brewing LLC
	(Name of Limited Liability Company)
Florida," Ce	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in rtificate of Existence, and check are submitted to register the above referenced foreign limited apany to transact business in Florida
Please return	all correspondence concerning this matter to the following:
	CHERYL RODGERS (Name of Person)
	(Name of Person)
	TRON CITY BREWING CO. (Firm/Company)
	(Address)  (Address)  (Address)  (City/State and Zip Code)  (City/State and Zip Code)  (City/State and Zip Code)
	(Address)  PITS BUR6 A PA 152 BB COde)  (City/State and Zin Code)
	(City/State and Zip Code)
For further i	nformation concerning this matter, please call:
	Chevyl Rodge's at 412 692-1/35 (Name of Person) (Area Code & Daytime Telephone Number)
Divi P.O.	STREET ADDRESS: Sion of Corporations Box 6327 Clifton Building thassee, FL 32314 Clother Circle Tallahassee, FL 32301
	a check for the following amount:  25.00 Filing Fee \$\bigs\\$

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 <sup>1</sup>	fron City Brewing LLC
••-	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cons	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C.," "LLC.")
2.	Delaware 3. 20-8991258
(Ji co	urisdiction under the law of which foreign limited liability 3. (FEI number, if applicable) mpany is organized)
4.	5/1/2007  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to
	(Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")
6	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
<b>7</b> .	3340 Liberty Avenue, Pittsburgh, PA 15201
-	(Street Address of Principal Office)
0.1	فينان المرابع
8. I	f limited liability company is a manager-managed company, check here
9. 7	The name and usual business addresses of the managing members or managers are as follows:
	TIM HICKMAN 3340 Liberty Ave, Pittsburgh, PA 1520, STANLEY LAU 66 W. 38th St., NY NY 10018
-	STANLEY LAU 66 W. 38th St., NY NY 10018
theju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in unider the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida:
F	Beer manufacturer - out of state shipper to FL wholesalers
	FICK
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Typed or printed name of signee
	Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Com	npany is:		
	Iron City Bi	rewing LLC		
If name unavaila	ble, the alternate name to	be used in the state of	of Florida is:	
2. The name and	d the Florida street addres	s of the registered ag	ent and office are:	
	C T Corporation System (Name)			
1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)				ZDOB JUN 16 ( SECRETARY ( TALLAHASSEE
				PM 1: OF STU E.FLO
	Plantation	FL	33324	1: 39 TATE ORIDA
		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 608, Florida Statutes.

By: STEVEN P. ZIVAZER

(Signature) SPECIAL ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IRON CITY BREWING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2008.

4350133 8300

080657839 You may verify this certificate online at corp.delaware.gov/authver.shtml Varuet Smith Hind Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6647037

DATE: 06-10-08