

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H08000194840 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5926 Fax Number

ORIDA/FOREIGN LIMITED LIABILITY CO.

JACOB LEINENKUGEL BREWING CO.,LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00_

Electronic Filing Menu

Corporate HAMPITON

Help

AUG 1 5 2008

EXAMINER

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE ROLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF BY ORDER.

THE S.	IXIEOFFIORILA;
1. JACOB LEINENKUGEL BREWING CO., LLC (Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the written are name. The alternate name must include "Limited Liability
WISCONSIN (Jurisdiction under the law of which foreign limited liability company is organized) 3.	39-1604360 (FEI number, if applicable)
4. 12/07/1987 5.	PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 07/01/2008	80 33 1A1
(Date first transacted business in Flori (See sections 608.501 & 608.502 P.S. to	da, if prior to registration
7. 1 JEFFERSON AVENUE	(A 2.)
CHIPPEWA FALLS, WI 54729-1319	in S
(Street Address of	
8. If limited liability company is a manager-managed of	ompany, check here
9. The name and usual business addresses of the manag	ring members or managers are as follows:
MILLERCOORS LLC	
3939 W HIGHLAND BLVD	
MILWAUKEE, WI 53208-2816	
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under eath of the translator artist be submit	s not acceptable. If the certificate is in a fireign language, a
11. Nature of business or purposes to be conducted or p	romoted in Florida:
DISTRIBUTION AND SALE OF MALT BEVERA	GES
×//	
(In adcordance with section 608.408(3), F.S. an attendation under the penalties of perjury	Orized representative of a member. , the execution of this document constitutes / that the facts stated herein are true.)
MICHAEL 7. JONES	
Typed or printed n	ame 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 Company is:	
JACOB LEINENKUGEL BREWING CO., LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	08 SEC
2. The name and the Florida street address of the registered agent and office are:	AUG 14 NIASSE
C T CORPORATION SYSTEM (Name)	CFSIATE EFFLORIDA
1200 SOUTH PINE ISLAND ROAD Florida Street Address (P.O. Box NOT ACCEPTABLE)	AGI AGI
PLANTATION FL 33324	
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: Market Secretar (Signature)

The common and all the facility to british to

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

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

JACOB LEINENKUGEL BREWING CO., LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 7, 1987.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 10, 2008.

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/venty/

Enter this code:

55899-B2490E7A