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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE AND A MASSEE. FLORIDA

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B. BOSTICK

JUL 17 2014

FRAMINER



ACCOUNT	NO.	:	I20000000195

REFERENCE : 216683 7352306

AUTHORIZATION :

COST LIMIT :

ORDER DATE : July 15, 2014

ORDER TIME : 5:24 PM

ORDER NO. : 216683-005

CUSTOMER NO: 7352306

FOREIGN FILINGS

NAME: ALLEN BROTHERS 1893, LLC

XXXX Q	UALIFICATION (TYPE: <u>LL</u>)	2114 SEC TALL	
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	ARC JE	71
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	L 16 A 10: 19 TARY OF STATE ASSEE, FLORIBA	LED
CONTACT	PERSON: Emily Gray EXT# 62925	TE ABA	

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Allon Brothoro 1902 LLC
1. Allen Brothers 1893, 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 of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "I.L.C.")
2. DE (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
company is organized)
4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
_{5.} 100 EAST RIDGE ROAD
RIDGEFIELD, CT 06877
(Street Address of Principal Office)
6. 100 EAST RIDGE ROAD
RIDGEFIELD, CT 06877 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Alexandros Aldous- Corporate Secretary
100 East Ridge Road, Ridgefield, CT 06877
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, P.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.) A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
Alexandros Aldous
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	y Company is:	
ALLEN BROTI	HERS 1893, LLC		
If unavailable	, the alternate to be use	ed in the state of Florida is:	
2. The name	and the Florida street a	ddress of the registered agent and office a	ire:
	Corporation Service (Company	ZATA SEC
		(Name)	PRE LE
	1201 Hays Street		NRY NRY NRY
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301 FL	D: 19
		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 605, Florida Statutes.

Corp	poration Service Company	
Ву:	Emily Dr	Ous
	(Signature) Emily Gray - Assistant VP	8

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

Delaware

PAGE I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALLEN BROTHERS 1893, 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 FIFTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLEN BROTHERS 1893, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2814 JUL 16 A ID 19
SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

5437706 8300

140958155

AUTHENTY CATION: 1537874

DATE: 07-15-14

You may verify this certificate online at corp.delaware.gov/authver.shtml

TILED