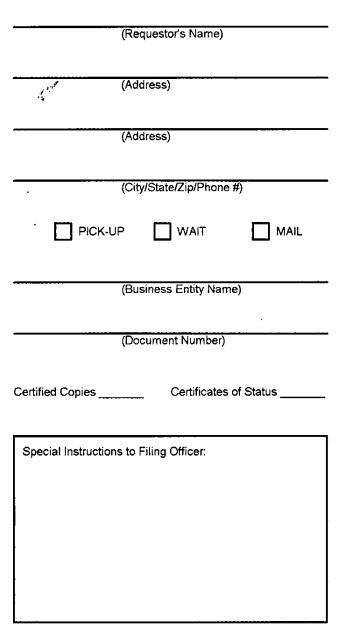
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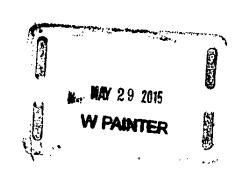
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	•	co	VER LETTER	
TO:	Registration Section	S. 10 10		· •
20.	Division of Corporation	18	:	
	# UC Davida Florid	h.11.0		
SUBJ	HC Beverage Florid			
		Name of	Limited Liability Company	
				ransact Business in Florida," Certificat ty company to transact business in Flor
Please	e return all correspondence o	concerning this matter to the	following:	
	Bradley D. Kap	olan, Esq.		
		N	ame of Person	,
	Ulmer & Berne	LLP		
		F	irm/Company	
	600 Vine Street	t, Suite 2800		
			Address	
	Cincinnati, OH	45202		
	 	City/S	tate and Zip Code	
	bkaplan@ulmer.	com		
		E-mail address: (to be use	d for future annual report no	otification)
Voe fin	rther information concernin	•	1	•
roi iui	auter information concerning	g this matter, prease carr.		
	Bradley D. Kaplan		513 698-53	140
	Name o	f Contact Person		ytime Telephone Number
	MAILING ADDRESS:		<u>STREE</u>	T ADDRESS:
	Division of Corporations			of Corporations
	Registration Section			tion Section
	P.O. Box 6327		Clifton I	
	Tallahassee, FL 32314			see, FL 32301
Enclos	sed is a check for the follow		—	
	■ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

		nsacting business in Florida. The alternate name n	nust include "Limited
iability Company," "L.L.C,	" or "LLC.")		
Indiana (Invisdiction under the law)	of which foreign limited liability 3.	(FEI number, if applicable)	
company is organized)	or which foreign indiced hability	(i bi namori, ii appireable)	
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registration.) F.S. to determine penalty liability)	
101 West Ohio Street,	Suite 720		
Indianapolis, IN 46204	(Street Address of Principal	al Office)	٠
101 West Ohio Street,	•	a omeo,	
Indianapolis, IN 46204			
	(Mailing Address	3)	
. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	CT Corporation System		
	1200 South Pine Island Road		
Office Address:	The section of the se	22204	
	Plantation	, Florida	
	2011	/ //- : 1)	
	gistered agent and to accept service of	(Zip code) Sprocess for the above stated corporation at	
laving been named as re his application, I hereby with the provisions of all	stance: registered agent and to accept service of accept the appointment as registered a statutes relative to the proper and com ition as registered agent. When the service is the proper and com ition as registered agent.	(Zip code) Forocess for the above stated corporation at agent and agree to act in this capacity. I furnitely plete performance of my duties, and I am fa Kristin Bolden Assistant Secretary	ther agree to comp
Having been named as re his application, I hereby with the provisions of all he obligations of my pos	stance: egistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and com ition as registered agent. (Registered ag	(Zip code) Forcess for the above stated corporation at a seent and agree to act in this capacity. I furnity letter performance of my duties, and I am faction at Kristin Bolden Assistant Secretary tent's signature)	ther agree to comp
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Having been named as rehis application, I hereby with the provisions of all the obligations of my postable. The name, title or capa Michael A. Collier - 101 of the capa with the capa with the law attached is a certificate arisdiction under the law	egistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and compition as registered agent. (Registered agent.	(Zip code) I process for the above stated corporation at a gent and agree to act in this capacity. I furnished plete performance of my duties, and I am far Kristin Bolden Assistant Secretary tent's signature) mas/have authority to manage is/are: his, IN 46204 duly authenticated by the official having curate is in a foreign language, a translation of the company of the compa	ther agree to comp miliar with and ac mody of records in eccertificate under

Bradley D. Kaplan, Attorney-In - Fact

Typed or printed name of signee

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

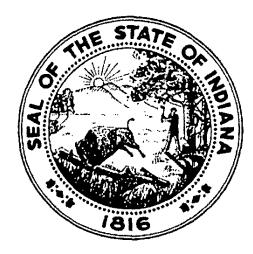
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

HC BEVERAGE FLORIDA LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 21, 2015, and was in existence or authorized to transact business in the State of Indiana on May 22, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Second Day of May, 2015.

Corrie Zawson

Connie Lawson, Secretary of State: 57

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