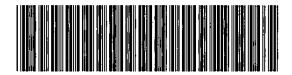
## M150000/0352

(Re	equestor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
	,	···-,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
	i iiiig Oillooi.	

Office Use Only



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DEC 3 0 2015 N. CAUSSEAUX

## **COVER LETTER**

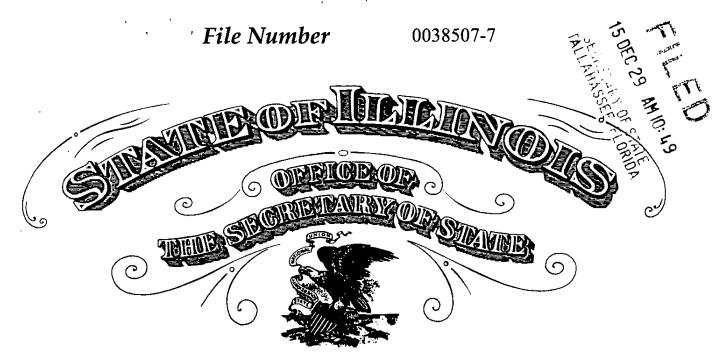
TO:

	Advanced Beverage	Solutions LLC	dha Land	cer Direct			
JECT:	Advanced Deverage						
			Name of L	Limited Liability	Company		
						insact Business in Florida," y company to transact busin	
e return	all correspondence	concerning this ma	tter to the f	following:			
	Scott Adams						
	<del></del>		Na	me of Person		<del>-</del>	
	Lancer Corpor	ation					
	Firm/Company						
	6655 Lancer B	lvd.					
				Address			
	San Antonio, T	X 78219					
			City/Sta	ate and Zip Code	;		
	sara.silva@lanco	ercorp.com					
	<del>_ ===</del>	E-mail address:	to be used	for future annua	l report not	ification)	
ırther in	formation concerning	g this matter, pleas	e call:				
San	a Silva			210 at (	310-71	62	
	Name o	of Contact Person		Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
sed is a	check for the follow	ing amount:					
	125.00 Filing Fee	□ \$130.00 Filing		□ \$155.00 Fili		□ \$160.00 Filing Fee, Co	

## IN FLORIDA

	TION 605.0902, FLORIDA STATUTES ISINESS IN THE STATE OF FLORIDA		IS SUBMITTED T	O REGISTER A F	OREIGN LIMITED LIABILITY
Advanced Beverage	e Solutions, LLC				
(Name of Fore	eign Limited Liability Company; mu	st include "Limited	Liability Compan	y,""IL.C.," or "	LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpos " or "LLC.")	se of transacting busi	ness in Florida. T	he alternate name	e must include "Limited
2. Illinois (Jurisdiction under the law company is organized)	of which foreign limited liability	374-294		er, if applicable)	
4. January 1, 2016	(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prio	r to registration.)	itu\	
5100 N. Gary Ave., Su	•	.0703, 1 .0. 10 determ		·· <i>y)</i>	
Roselle, IL 60172	(Street Address of F	Principal Office)		<del></del>	S may 1
6. 6655 Lancer Blvd.					2
San Antonio, TX 782					SS
	(Mailing /	Address)			Tors of
<ol> <li>Name and <u>street address</u></li> <li>Name:</li> </ol>	s of Florida registered agent: (P. Nestor Rodriguez	O. Box NOT acc	eptable)		CALLE S
Office Address:	10125 N. W. 116th Way, Ste. 1				
	Medley		, Florida	33178	
Registered agent's accept	(City)			(Zip code)	
Having been named as reg designated in this applicat to complywith the provisio	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the pay position as registered agent.	tment as registered proper and compl	agent and agri	ee to act in this	capacity. I further agree
0.000				·	
	city and address of the person(s) ag Director; 100 N. Gary Avenue, Su		•	is/are:	
Scott Adams, Managin	ng Member, 6655 Lancer Blvd., San	Antonio, TX 78219			
					<del></del>
9. Attached is a certificate of jurisdiction under the law of of the translator must be sul	of existence, no more than 90 day of which it is organized. (If the ce bmitted)	ys old, duly auther ertificate is in a for	nticated by the or	fficial having cu translation of t	ustody of records in the the certificate under oath
•	Signature of	of an authorized per	son	······································	
This document is executed submitted in a document to	in accordance with section 605.0, the Department of State constitut	203 (1) (b), Florid tes a third degree f	a Statutes. I am : clony as provide	aware that any i d for in s.817.1	false information 55, F.S.
	Scott Adams				

Typed or printed name of signee



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVANCED BEVERAGE SOLUTIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 03, 2000, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of DECEMBER A.D. 2015.

Authentication #: 1535001864 verifiable until 12/16/2016
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE