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04/14/16--01010--012 **125.00

05/24/16--01003--019 **638.75



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2016

STEVEN SEGAL 14138 MANHATTAN STREET SOUTH BELOIT, IL 61080

SUBJECT: BREW CITY CAPITAL LLC

Ref. Number: W16000028171

70.80 H 45.85 MW 17.1 21 M M 07.887 1380 58 31 M M 07.88 181

We have received your document for BREW CITY CAPITAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne-M-Scott Regulatory Specialist II

Letter Number: 316A00007871

COVER LETTER

TO:		ation Section , n of Corporation	as.					
SUBJI		w City Capital, I	LLC					
			Name of I	Limited Liability C	ompany			
The en	closed "A nce, and cl	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refere	eany for Authoriza	tion to Tra ed liability	ansact Business in Florida," (y company to transact busine	Certifica ss in Flo	te of orida
Please	return all	correspondence o	concerning this matter to the	following:				
		Steven Segal						
			N	ame of Person	······		਼ਰ	
		Brew City Capi	tal, LLC				S III	-;-1
			Fi	rm/Company		1.00 C 200 C 200 C	Y 20	
		14138 Manhatt	an Street			113 T		Ė
				Address		82		
		South Beloit, II	_61080			9 7	ं छ	
			City/S	tate and Zip Code	-			
		stevendsegal@gr	nail.com					
	•		E-mail address: (to be used	d for future annual	report not	tification)		
For fu	rther infor	mation concernin	g this matter, please call:					
	Steven	Segal		608	312-37			
		Name o	of Contact Person	at (at Code	Day	ytime Telephone Number		
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ix 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations tion Section Building ecutive Center Circle see, FL 32301		
Enclos	sed is a che \$125	eck for the follow .00 Filing Fee	ring amount: \$\square\$\square\$ 130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cer 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:

	eign Limited Liability Company; mus	st include "Limited Liability Company," "L.L.C	C.," or "LLC.")
36		e of transacting business in Florida. The alterna	
ir name unavallable, enter al Liability Company," "L.L.C,		s of transacting business in Florida. The alterna	tte name must include Limited
Wisconsin 2.	·	3. 47-5380393	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if appl	icable)
October 27, 2015	·		
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to registration.) .0905, F.S. to determine penalty liability)	
14138 Manhattan Stree			
South Beloit, IL 61080			
	(Street Address of F	Principal Office)	Es 5
5S	•		
South Beloit, IL 61080			
	(Mailing A	Address)	— 第 20 三
. 7. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT acceptable)	
	Peter M. Starling, Esq.	•	
Name:	599 9th St. North, Suite 203		
Office Address:	399 901 St. North, Suite 203		>' ΄ ω
	Naples	34102 , Florida	
	(City)	(Zip cod	ie)
designated in this applica	tion, I hereby accept the appoint	vice of process for the above stated limited iment as registered agent and agree to act proper and complete performance of my	in this capacity. I further agre
to complywith the provisi	my position as rootstered agent.	ered agent's signature)	estator van
to complywith the provising comply the obligations of the control	my position as rogistered agent. (Rogiste		
to complywith the provising accept the obligations of	my position as rogistered agent. (Rogiste	ered agent's signature)	
to complywith the provising coept the obligations of the control of the coept the coep	my position as rogistered agent. (Rogiste	ered agent's signature)	
8. The name, title or capa Steven Segal, Manager 14138 Manhattan Street South Beloit, IL 61080	of existence, no more than 90 day of which it is organized. (If the coubmitted)	who has/have authority to manage is/are: ays old, duly authenticated by the official hertificate is in a foreign language, a translate	aving custody of records in the
8. The name, title or cape Steven Segal, Manager 14138 Manhattan Street South Beloit, IL 61080 2. Attached is a certificate urisdiction under the law of the translator must be sufficiently the street of the	of existence, no more than 90 day of which it is organized. (If the combinated) Signature	who has/have authority to manage is/are: ays old, duly authenticated by the official had ertificate is in a foreign language, a translate of an authorized person. 20203 (1) (b), Florida Statutes. I am aware the	aving custody of records in the tion of the certificate under oath
8. The name, title or cape Steven Segal, Manager 14138 Manhattan Street South Beloit, IL 61080 2. Attached is a certificate urisdiction under the law of the translator must be sufficiently the street of the	of existence, no more than 90 day of which it is organized. (If the combinated) Signature	who has/have authority to manage is/are: ays old, duly authenticated by the official had attributed is in a foreign language, a translate of an authorized person 2203 (1) (b), Florida Statutes. I am aware that a third degree felony as provided for in	aving custody of records in the tion of the certificate under oath

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS





To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BREW CITY CAPITAL 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 October 4, 2015.

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

> IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 04, 2016.

GEORGE PETAK, Administrator Division of Corporate and Consumer Services

Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: 173988-6C58505E