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SECRETARY OF STATE FALLAHASSEE FLORIDA

'JAN 1 9 2017 S. YOUNG

## **COVER LETTER**

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TO:		istration Section sion of Corporatio	ns	•			
SUBJE		Double Brew, LLC					
SOBJE	C1.		Name of	Limited Liability	Company	٠.	
			reign Limited Liability Com ed to register the above refer				
Please r	eturn	all correspondence	concerning this matter to the	following:			
		Megan Moore					
			N	ame of Person			
	Double Brew, LLC						
Firm/Company							
		125 W. 29th S	treet, Suite 602				
				Address			
New York, NY 10001				TALL TALL			
			City/S	State and Zip Code	;		CRETARY OF TORRIDA
	megan@theowlsbrew.com						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			E-mail address: (to be use	d for future annua	l report no	tification)	7 100
For furth	her inf	formation concerning	g this matter, please call:				# SE
	Alex	Cunningham		651 at (	797-01 )	34	25
		Name o	of Contact Person	Area Code	Day	ytime Telephone Number	
	Divis Regis P.O.	LING ADDRESS: sion of Corporation: stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301	
Enclosed		check for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy		☐ \$160.00 Filing Fee, Co	

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

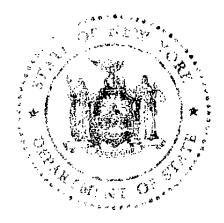
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Double Brew, LLC	eign Limited Liability Company:		"Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Por	eigh Emilieu Elabhity Company, in	ust include	Limited Liability Company, E.L.C., of ELC.	
If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpo," or "LLC.")	ose of transa	cting business in Florida. The alternate name must i	nclude "Limited
New York	,,	2	36-4848407 (FEI number if applicable)	
	of which foreign limited liability	ی	(FEI number, if applicable)	
. <u>N/A</u>				
	(Date first transacted busin	ness in Flori	da, if prior to registration.) . to determine penalty liability)	
135 W. 29th Street, St		5.0705, 1.0	. to determine penalty macrity)	
New York, NY 10001				
	(Street Address of	f Principal C	Office)	
. 135 W. 29th Street, Su	ite 602			**
New York, NY 10001			-	17 JAN 17 PH
	(Mailing	g Address)		至
. Name and street addres	ss of Florida registered agent: (I	P.O. Box	NOT acceptable)	$\exists$
Name:	Business Filings Incorporated	-		17 JAN 17 PH
Office Address:	1200 South Pine Island Road			بىـ رب
Office Made 633.	Plantation		33324	25
	(City)		, Florida 33324 (Zip code)	
esignated in this applica complywith the provisi	gistered agent and to accept se tion, I hereby accept the appoil ons of all statutes relative to the my position as registered agent.	ntment as i e proper ai	ocess for the above stated limited liability com registered agent and agree to act in this capac nd complete performance of my duties, and I	ity. I further ag
•	Mary Jo Spolin (Regis	gut, A	tsst. Secretary 's signature)	
3. The name, title or capa	acity and address of the person(s	s) who has/	have authority to manage is/are:	
•	Member, 311 E 71st St, Apt 8B	-	· -	
Aaria Littlefield. Managi	ng Member, 15 E 10th St, Apt 2	D New Yo	ork. NY 10003	_
, , , , , , , , , , , , , , , , , , , ,				-
	of which it is organized. (If the ubmitted)	certificate	aly authenticated by the official having custody is in a foreign language, a translation of the cer	
his document is avacuted	, ,		•	formatic=
			b), Florida Statutes. I am aware that any false in degree felony as provided for in s.817.155, F.	
	ı	Maria Little	field	

Typed or printed name of signee

## State of New York Department of State } ss:

I hereby certify, that DOUBLE BREW LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/26/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



SECRETARY OF STATE ALLAHASSEE FLORIDA

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 07th day of December two thousand and sixteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State