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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJI	Cold Brew Beans LLC			
SUDJI	Name of Limited Liability Company			
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning this matter to the following:			
	John Rioux			
	Name of Person			
	Tip of the Spear Media			
Firm/Company				
	1013 SW 4th Ave.			
Address				
	Gainesville, Florida, 32601			
	City/State and Zip Code			
	john@tipofthespearmedia.com			
	E-mail address: (to be used for future annual report notification)			
For fu	ther information concerning this matter, please call:			
	Alex Shearer 508 776-5197			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclos	red is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status □ \$155.00 Filing Fee & □ \$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 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANYTO TRANSACT BU	SINESS INTHE STATE OF FLORIDA:		
1. Cold Brew Beans LLC			
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "I	LLC.")
		acting business in Florida. The alternate name	must include "Limited
Liability Company," "L.L.C," 2. Wyoming		11-4935703	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. None transacted yet			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	ida, if prior to registration.) S. to determine penalty liability)	
5. 1630 NW 1st Ave, #1			
Gainesville, FL, 3260			¥ 1
4000 NIM 4-1 Ave. H4:	(Street Address of Principal	Office)	
6. 1630 NW 1st Ave, #1	3097		
Gainesville, FL, 3260	4		,
	(Mailing Address)		THE REPORT OF THE PERSON OF TH
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	ب ب
Name:	John Rioux		17 JAN 31 PH 3: 40
Office Address:	1013 SW 4th Ave.		
	Gainesville	, Florida 32601	
D 14 1 43	(City)	(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as	rocess for the above stated limited liabili registered agent and agree to act in this and complete performance of my duties,	capacity. I further agree
	-		
· ·	icity and address of the person(s) who has 013 SW 4th Ave. Gaineville, FL, 326		
Alex Shearer, Member -	· 50 Main St. Unit 2205. North Easton	, MA, 02356	
Adam Rioux, Member -	1013 SW 4th Ave. Gainesville, FL, 32	2601	
	of which it is organized. (If the certificate	duly authenticated by the official having ce is in a foreign language, a translation of the control of the cont	
	Signature of an au	horized person	
		(b), Florida Statutes. I am aware that any rd degree felony as provided for in s.817.	

Typed or printed name of signee

John Rioux

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

COLD BREW BEANS LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 10, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000738510**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of January, 2017 at 1:31 PM. This certificate is assigned 021880424.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.