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| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Adda | ess) | |
| dbbA) | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | iling Officer: | -71708 |
| | 1411 | |
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Office Use Only



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August 31, 2017

JAMES SHAMBURGER 300 EAST 24 AVENUE GULF SHORES, AL 36542

SUBJECT: G.S. BREWING, LLC Ref. Number: W17000071708

We have received your document for G.S. BREWING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

MUST HAVE CERTIFICATE OF EXISTENCE OR GOOD STANDING FROM ALABAMA SECRETARY OF STATE, DEPARTMENT OF REVENUE CERTIFICATE DOES NOT MEET STATUTORY REQUIREMENTS.

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.

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Letter Number: 017A00018039

COVER LETTER

TO:

Registration Section

| Div | rision of Corporatio | ns | | | | |
|-------------------------------|--|--|--|---|---|----------------------|
| SUBJECT: | G.S. Brewing, LLC | | | | | |
| | | Name of | Limited Liability | Company | | |
| The enclosed Existence, ar | d "Application by Fond check are submitted | reign Limited Liability Comp ed to register the above refer | pany for Authoriza enced foreign timi | stion to Tra ted liabilit | ansact Business in Florida," Certifi y company to transact business in | icate of Florida. |
| Please return | all correspondence | concerning this matter to the | following: | | | |
| | James Shambu | rger | | | | |
| | | N | ame of Person | | | |
| | G.S. Brewing, | LLC | | | | |
| | ·· | F | irm/Company | | 1.2 | |
| | 300 East 24th | Avenue | | | | |
| | | | Address | | | |
| | Gulf Shores, A | L 36542 | | | | |
| | - | City/S | itate and Zip Code | · ··- | | |
| | jim@bigbeachbr | rewing.com | | | | |
| | | E-mail address: (to be use | d for future annua | report not | tification) | |
| For further in | nformation concerning | ng this matter, please call: | | | | |
| Jam | nes Shamburger | | 251 at (| 948-23 | 37 | |
| | Name o | of Contact Person | Area Code | Day | rtime Telephone Number | |
| Div Reg P.O | ision of Corporation sistration Section Box 6327 lahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | of Corporations ion Section suilding excutive Center Circle see, FL 32301 | |
| | check for the follow 125.00 Filing Fee | _ | FI CLES ON EUR | . Cas ø | 5.6140.00.5 00 m | |
| - > | 125.00 rung ree | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filir Certified Copy | ig ree & | ☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy | c |

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

IN COMPILANCE 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:

| | name adopted for the purpose of transacting business in Flo | | iability Company," "L.L.C," o | r "LI,C,") |
|--|--|--|--|---|
| 2. Alabama | hich foreign limited liability company is organized) | 3. 47-5313228 | nber, (l'apolicable) | |
| (Amisorcies) mines nie ma ol a | then to eight mateu monthly company is organized) | (FE) TAUF | врет, п аррикаете) | |
| 4. Have not transacted by | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine | registration.) ne penalty liability) | | |
| 5. 300 East 24th Avenue (Street Address of | | 6. 300 East 24th Avenue | | |
| (Street Address of | Principal Office) | (Mailing Ad | dress) C.C | |
| 0.1001 | - | | | 1 |
| Gulf Shores, AL 3654 | 2 | Gulf Shores, Al. 36542 | <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | |
| | | | SS S | 5 = !! |
| Name and <u>street addre</u> | ss of Florida registered agent: (P.O. Box | NOT acceptable) | Erg = C | (7) |
| Name: | Jessica Cecere | | | |
| | 9895 Condor Court | | | ့ |
| Office Address: | 7873 Condoi Court | | € # 6 | ⊅ ● |
| | Lake Worth | , Florida 33467 | <u>-بد</u> | |
| Registered agent's accep | (Сиу) | (Zip co | de) | |
| o compry with the provis | s of my position as registered agent. | and complete performance of my | duties, and I am fai | niliar with |
| and accept the obligation 8. The name, title or cap | (Registered agent) (Registered agent's eacity and address of the person(s) who has | signature) solution is a substitute of the signature of my signature. | duties, and I am fai | niliar with |
| and accept the obligation | (Registered agent) | and complete performance of my | duties, and I am far | niliar with |
| and accept the obligation 8. The name, title or cap | acity and address of the person(s) who ha Name and Address: James V Shamburger | signature) solution is a substitute of the signature of my signature. | Name and Addr | miliar with |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road | signature) Shave authority to manage is/are: Title or Capacity: | Name and Addr Julic Shamburge 31743 River Roa | niliar with ess: r |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who ha Name and Address: James V Shamburger | signature) Shave authority to manage is/are: Title or Capacity: | Name and Addr | niliar with ess: r |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road | signature) Shave authority to manage is/are: Title or Capacity: | Name and Addr Julic Shamburge 31743 River Roa | niliar with ess: r |
| 8. The name, title or cap Title or Capacity: | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road | signature) Shave authority to manage is/are: Title or Capacity: | Name and Addr Julic Shamburge 31743 River Roa | niliar with ess: r |
| 8. The name, title or cap Title or Capacity: Managing Member | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road Orange Beach, AL 36561 | signature) Shave authority to manage is/are: Title or Capacity: | Name and Addr Julic Shamburge 31743 River Roa | niliar with ess: r |
| 8. The name, title or cap Title or Capacity: Managing Member | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road Orange Beach, AL 36561 | signature) Shave authority to manage is/are: Title or Capacity: | Name and Addr Julic Shamburge 31743 River Roa | niliar with ess: r |
| 8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces) | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road Orange Beach, AL 36561 | signature) ss/have authority to manage is/are: Title or Capacity: Managing Member duly authenticated by the official h | Name and Addr Julic Shamburger 31743 River Roa Orange Beach, A | ess: r d L 36561 |
| 8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road Orange Beach, AL 36561 essary) c of existence, no more than 90 days old, of which it is organized. (If the certificate | signature) ss/have authority to manage is/are: Title or Capacity: Managing Member duly authenticated by the official h | Name and Addr Julic Shamburger 31743 River Roa Orange Beach, A | ess: r d L 36561 |
| 8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s | acity and address of the person(s) who has Name and Address: James V Shamburger 31743 River Road Orange Beach, AL 36561 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) | and complete performance of my Signature) ss/have authority to manage is/are: Title or Capacity: Managing Member duly authenticated by the official he is in a foreign language, a translate | Name and Addr Julic Shamburge 31743 River Roa Orange Beach, A | ess: r d L 36561 |
| 8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec | acity and address of the person(s) who has Name and Address: James V Shamburger 31743 River Road Orange Beach. AL 36561 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) | and complete performance of my Spanne (Complete performance of my Spanne) Sphave authority to manage is/are: Title or Capacity: Managing Member duly authenticated by the official her is in a foreign language, a translated (1) (b), Florida Statutes. I am awa | Name and Addr Julic Shamburger 31743 River Roa Orange Beach, A | ess: r d L 36561 |
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| 8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road Orange Beach, AL 36561 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) cuted in accordance with section 605.0203 to the Department of State constitutes a thir | and complete performance of my Spanne (Complete performance of my Spanne) Sphave authority to manage is/are: Title or Capacity: Managing Member duly authenticated by the official her is in a foreign language, a translated (1) (b), Florida Statutes. I am awa | Name and Addr Julic Shamburger 31743 River Roa Orange Beach, A | ess: d L 36561 ords in the under oath |
| 8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec | acity and address of the person(s) who ha Name and Address: James V Shamburger 31743 River Road Orange Beach, AL 36561 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) cuted in accordance with section 605.0203 to the Department of State constitutes a thir | and complete performance of my Spanne (COO) Shave authority to manage is/are: Title or Capacity: Managing Member duly authenticated by the official he is in a foreign language, a translated of the coordinate of the coordina | Name and Addr Julic Shamburger 31743 River Roa Orange Beach, A | ess: r d L 36561 |

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that G.S. BREWING, LLC was formed in Baldwin County, Alabama on October 14, 2015. The Alabama Entity Identification number for this entity is 346-553. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20170926000024762

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/26/2017

Date

X.W. Merill

John H. Merrill

Secretary of State