

M17000008991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

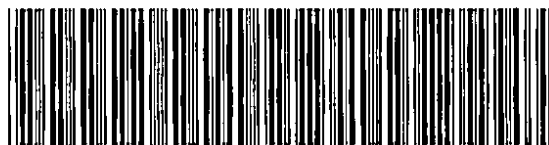
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE

O. SIMMONS
OCT 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Octopi Brewing LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Renee Bock

Name of Person

Octopi Brewing LLC

Firm/Company

1131 Uniek Dr

Address

Waunakee WI 53597

City/State and Zip Code

renee@octopibrewing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Bock

Name of Contact Person

at (608)

Area Code

620-4705

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Octopi Brewing LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Wisconsin

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4662427

(FED number, if applicable)

4. November 2017

(Date first transacted business in Florida, if prior to registration;
(See section 605.0202(1)(b), F.S. to determine penalty liability.)

5. 1131 Uniek Dr

(Street Address of Principal Office)

Waunakee WI 53597

6. 1131 Uniek Dr

(Mailing Address)

Waunakee WI 53597

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name Progressive Distribution LLC

Office Address: 110 Bomar Ct. STE 152

Longwood, FL

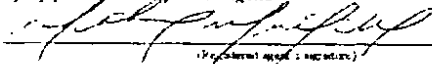
(City)

Florida 32750

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage (are

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

President/Member

Isaac Showaki

Controller

Renee Bock

1131 Uniek Dr

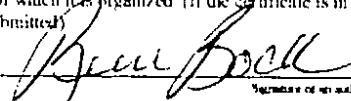
Waunakee WI 53597

1131 Uniek Dr

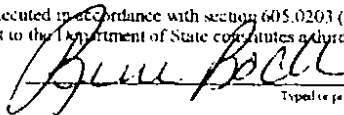
Waunakee WI 53597

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted.)


Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.


Typed or printed name of signer

RECEIVED

17 OCT 20 PM 4:10

FILED

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, DAVID DUECKER, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

OCTOPI BREWING, 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 January 28, 2014.

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



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 17, 2017.

A handwritten signature in black ink, appearing to read "David Duecker".

DAVID DUECKER, Deputy Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

'Corp/33

validate the authenticity of this certificate

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