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Florida Department of State
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To: Division of Corporations
Fax Number : (950) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 230-3335
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Brahmin Leather Works, LLC

Certificate of Status	0
Certified Copy	1
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DECEMBER 2018
2018 SEP 28 PM 10:34

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18 SEP 28 AM 8:42
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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K. SALY

OCT - 1 2018

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:

1. Brahmin Leather Works, LLC

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

(If name unavailable, 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. Delaware

(State in which foreign limited liability company is organized)

3. 83-1837879

(EIN number, if applicable)

4. 09/06/2018

(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 77 Alden Road

(Street Address of Principal Office)

Fairhaven, MA 02719

6. 77 Alden Road

(Mailing Address)

Fairhaven, MA 02719

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

By: C T Corporation System

(Registered agent's signature)

Donna Peterson-Riggs, Asst Sec.

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Brahmin Leather Works, Inc.

COO

Scott B. Martin

77 Alden Road
Fairhaven, MA 02719

77 Alden Road
Fairhaven, MA 02719

CEO

Susan Thacker

77 Alden Road
Fairhaven, MA 02719

(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)

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.

Scott B. Martin
Signature of an authorized person

Scott B. Martin, Chief Operating Officer

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAHMIN LEATHER WORKS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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18 SEP 28 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Jeffrey W. Bullock, Secretary of State

Authentication: 203499999

Date: 09-26-18