

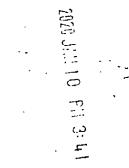
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2019

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BRYON BEQUETTE 6601 MINNEWASHTA PKWY EXCELSIOR, MN 55331 US

SUBJECT: BLACKEYE BEVERAGE LLC

Ref. Number: W19000109663

We have received your document for BLACKEYE BEVERAGE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 719A00025677

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2020 Jill 10 PH 3: 4

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: BLACKEYE BEVERAGE LLC	
DEVERAGE LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C Existence, and check are submitted to register the above referenced foreign limited liability company to transact business. Please return all correspondence concerning this.	Certificate of
Please return all correspondence concerning this matter to the following:	s in Florida.
BRYON BEQUETTE	
Name of Person	
Firm/Company	
Address	
EXCELSIOR, MN 5533/ City/State and Zip Code	
City/State and Zip Code)))
E-mail address: (to) be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
	ora mano Pi
BRYON Bequette at (612) 850-2322 Name of Contact Person Area Code Daytime Telephone Number	3: 42
Name of Contact Person Area Code Daytime Telephone Number	2
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: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\sum \text{Certified Copy}\$\$ \$160.00 Filing Fee, Continue Certified Copy of Status & Certified Copy	Certificate Copy

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

1. BIACKEYE (Name of Foreign Lit	BeverAGE LLC mited Liability Company; must include "Limited	d Liability Con	many""I I C " or	"I.C ")		_
(, <u>-</u>	anne and the company, make motatic annie	a claumity com	ipany, Lillion, or	LLC.)		
(If name unavailable, enter alternate name	e adopted for the purpose of transacting business in Flo	rida. The alternate	name must include "Li	mited Liability Company,	" "L.L.C," or "Ll	 LC.")
De AWAR	? F	2	24-28	30957		
(Jurisdiction under the law of which	2 E : foreign limited hability company is organized)	3	<i>B</i> 1- 0.3	30957 (FEI number, if applicable	:)	-
4/2	1-19					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ine penalty liabilit	y)			
5. 705 VAND	Alia St.	6	SAME			_
(Street Address of Prin	cipal Office)		(Ma	ailing Address)	_	
St. Paul	MN 55114		·-·			_
					7020 Jass 10 Pt 3: 42	
						- <u>.</u>
7. Name and street address	of Florida registered agent: (P.O. Box	NOT accep	otable)		10	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
					- Ω ω	
Name:	PATRICK SIMM		_		: 1,2	
Office Address: _	7117 Pelicon	BAY 1	31 vd, un	,+ 120B		
	NAPles		, Florida	34108		
	(Ску)			(Zip code)		
designated in this application to comply with the provision	ance: istered agent and to accept service of pon, I hereby accept the appointment a ns of all statutes relative to the proper of my position as registered agent.	is registered	agent and agree	e to act in this cap	pacity. I fur	ther agree
-	Rejustered agent's					

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
X]Manager	Name: PATRICK SIMMONS	Manager	Name:	· · · · · · · · · · · · · · · · · · ·
⊠Member	Address: 7117 Pelican BAY BLV	D ☐ Member	Address:	·
Authorized	Unit 1808	Authorized		
Person	NAPles, FL 34/08	Person		·
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		<u> </u>
Person		Person		20
Other	Other	Other		Other
Manager	Name:	Manager	Name:	<u> </u>
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

- 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.

Signature of an authorized person

PATRICK SIMMONS

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLACKEYE BEVERAGE 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 SIXTH DAY OF JANUARY, A.D. 2020.

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



Authentication: 202129212

Date: 01-06-20

7571389 8300 SR# 20200095025

You may verify this certificate online at corp.delaware.gov/authver.shtml