

M2000006/194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

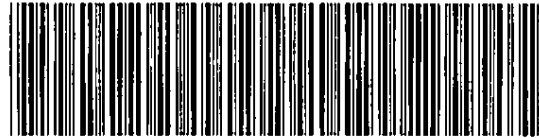
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FL FLORIDA

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JAN 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TPB Beast 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:

Marlem Harris

Name of Person

Turning Point Brands LLC

Firm/Company

6201 Interchange Way

Address

Louisville, KY 40229-2184

City/State and Zip Code

mharris@tpbl.com

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

For further information concerning this matter, please call:

Marlem Harris

682

208-0693

Name of Contact Person

Area Code

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

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

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

3. 82-2789462
(FBI number, if applicable)

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

5. 5201 Interchange Way
(Street Address of Principal Office)
Louisville, KY 40229-2184

6. 5201 Interchange Way
(Mailing Address)
Louisville, KY 40229-2184

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

Name: CT Corporation System
Office Address: 1200 S Pine Island Rd
Plantation, Florida 33324
(City) (Zip code)

FILED
2020 JAN 21 PM
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Tracy Kellner
(Registered agent's signature) Tracy Kellner/Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
 Manager Name: Robert Lavan
 Member Address: 5201 Interchange Way
 Authorized Louisville, KY 40229
 Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: James Dobbins
 Member Address: 5201 Interchange Way
 Authorized Louisville, KY 40229
 Person _____
 Other _____ Other _____

Manager Name: Brian Wigginton
 Member Address: 5201 Interchange Way
 Authorized Louisville, KY 40229
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the Index when filing your Florida Department of State Annual Report form.

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, P.S.



Signature of an authorized person

Brian Wigginton, Vice President Finance & Chief Accounting 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 "TPB BEAST 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.



6543354 8300

SR# 20200075161

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202129031

Date: 01-06-20