

M21000003172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

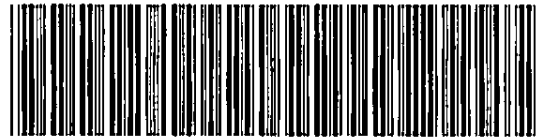
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000361057080

03/08/21--01037--021 \*\*125.00

21 1 1 8 4 10 47  
FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alani Seltzer 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:

Candace L. Moon

Name of Person

The Craft Beer Attorney

Firm/Company

2260 El Cajon Blvd. #412

Address

San Diego, CA 92104

City/State and Zip Code

candace@craftbeerattorney.com

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

For further information concerning this matter, please call:

Candace Moon

619

787-3694

at ( )

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. Alani Seltzer 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. Kentucky 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NA  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 7201 Intermodal Dr Ste A 6. 2260 El Cajon Blvd #412  
(Street Address of Principal Office) (Mailing Address)  
Louisville, KY 40258 San Diego, CA 92104

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

Name: REGISTERED AGENTS INC.

Office Address: 7901 4TH ST N STE 300

ST PETERSBURG, Florida 33702  
(City) (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.

Bill Hume  
(Registered agent's signature)

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: Max Clemons

☒ Member      Address: 7201 Intermodal Dr Ste A

☐ Authorized      Louisville, KY 40258

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: Trey Steiger

☒ Member      Address: 7201 Intermodal Dr Ste A

☐ Authorized      Louisville, KY 40258

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: Katy Hearn

☒ Member      Address: 7201 Intermodal Dr Ste A

☐ Authorized      Louisville, KY 40258

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: Robert H Schneider

☒ Member      Address: 7201 Intermodal Dr Ste A

☐ Authorized      Louisville, KY 40258

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, F.S.



\_\_\_\_\_  
Signature of an authorized person

Max Clemons

\_\_\_\_\_  
Typed or printed name of signer

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 240639

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**Alani Seltzer LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is July 17, 2020 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7<sup>th</sup> day of January, 2021, in the 229<sup>th</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
240639/1104355