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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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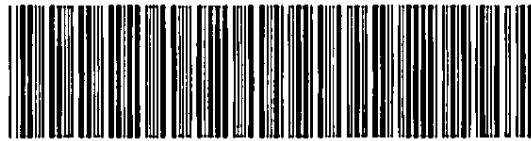
(Business Entity Name)

(Document Number)

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21 APR 26 PM 12:31
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FLORIDA

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GreenspoonMarder^{LAW}

888-491-1120

www.gmlaw.com

From the desk of:
Louis J. Terminello, Esq.
600 Brickell Avenue, Suite 3600,
Miami, Florida 33133
Phone: 305.789-2763
Fax: 305.537-3900

April 23, 2021

Florida Department of State
Division of Corporations
2415 N. Monroe Street
Suite 810
Miami FL 32303

Re: APPLICANT: King Spirits LLC
APPL. TYPE: Foreign Limited Liability Company registration

The undersigned represents the applicant on the above referenced matter. ***Please do not contact our client directly***; any correspondence relating to this application should be directed solely to our attention and to:

Name: Bradley Berkman
Phone: 305-789-2770, Ext. 1958
Brad.berkman@gmlaw.com

Thank you very much for your assistance.

Very truly yours,

GREENSPOON MARDER LLP



Louis J. Terminello, Esq.
For the Firm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: King Spirits 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:

Louis J. Terminello, Esq. c/o Greenspoon Marder LLP

Name of Person

Greenspoon Marder LLP

Firm/Company

600 Brickell Avenue, 36th Floor

Address

Miami Florida 33131

City/State and Zip Code

brad.berkman@gmlaw.com

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

For further information concerning this matter, please call:

Louis J. Terminello, Esq. c/o Greenspoon Marder LLI 305 789-2770 x 1958

Name of Contact Person

at (_____))

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. King Spirits 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. State of Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3547969
(FEI number, if applicable)

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

5. 150 Turner Blvd. Suite 200
(Street Address of Principal Office)

6. 150 Turner Blvd. Suite 200
(Mailing Address)

St. Peters, MO 63376

St. Peters, MO 63376

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

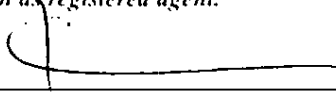
Name: Louis J. Terminello, Esq.

Office Address: 600 Brickell Avenue, 36th Floor

Miami, Florida 33131
(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.


(Registered agent's signature)

FILED
21 APR 26 PM 6:33
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
ST. PETERS, FLORIDA

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Steven Busch</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Drovetti</u>
<input type="checkbox"/> Member	Address: <u>150 Turner Blvd, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>150 Turner Blvd, Suite 200</u>
<input type="checkbox"/> Authorized	<u>St. Peters, MO 63376</u>	<input type="checkbox"/> Authorized	<u>St. Peters, MO 63376</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

David C. Drovetti
Signature of an authorized person

David C. Drovetti
Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

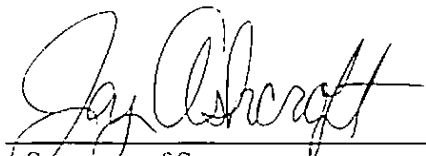
CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

KING SPIRITS LLC
LC1735561

A Missouri entity was created under the laws of this State on 10/5/2020, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and
cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 25th day of March, 2021.


Secretary of State

Certification Number: CERT-IN70106

