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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2022 APR -7 PM 6:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Black Beer, 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:

Mary Robinson

Name of Person

Kell, Alterman &amp; Runstein, L.L.P.

Firm/Company

520 SW Yamhill St Ste 600

Address

Portland, OR 97204

City/State and Zip Code

reports@kelrun.com

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

For further information concerning this matter, please call:

Mary Robinson

503

222-3531

at (\_\_\_\_\_)

Name of Contact Person

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

1. Black Beer, L.L.C.

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

(If none available, 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. Oregon

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

3. 84-3054767

(Tax number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.005, F.S. to determine liability)

5. 901 NW E St.

(Street address of Principal Office)

Grants Pass, OR 97526

6. c/o Dennis Steinman

(Mailing Address)

520 SW Yamhill St., Ste. 600

Portland, OR 97204-1329

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

Name: Unisearch, Inc.

Office Address: 155 Office Plaza Drive

Tallahassee

Florida 32301

(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.

by:

Shawn Linan

Shawn Linan, Assistant Secretary

(Registered agent's signature)

2022 APR -7 PM 6:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Franklin Price

☒ Member Address: 901 NW E St.

☐ Authorized Grants Pass, OR 97526

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Lane Colvin

☒ Member Address: 901 NW E St.

☐ Authorized Grants Pass, OR 97526

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Brandon Price

☒ Member Address: 901 NW E St.

☐ Authorized Grants Pass, OR 97526

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

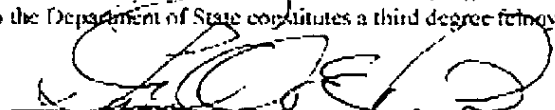
Person \_\_\_\_\_

☐ 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, F.S.

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

Franklin Price FRANKLIN E. PRICE  
 \_\_\_\_\_  
 Typed or printed name of officer

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 755W251C5

I, *SHEMIA FAGAN, SECRETARY OF STATE*, and Custodian of the Seal of said State, do hereby certify:

**BLACK BEER, LLC**

is

Organized

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

A handwritten signature in black ink, appearing to read 'Shemia Fagan', is written over a horizontal line.

*SHEMIA FAGAN, SECRETARY OF STATE*

*4/1/2022*