# M22000008021

| (Requ                        | estor's Name)  |             |  |  |
|------------------------------|----------------|-------------|--|--|
| (Addre                       | ess)           |             |  |  |
| (Addre                       | ess)           |             |  |  |
| (City/s                      | State/Zip/Phon | e #)        |  |  |
| PICK-UP                      | ☐ WAIT         | MAIL        |  |  |
| (Busir                       | ess Entity Nai | me)         |  |  |
| (                            | ,              | ···-•,      |  |  |
| (Document Number)            |                |             |  |  |
| Certified Copies             | Certificate    | s of Status |  |  |
| Special Instructions to File | ing Officer:   |             |  |  |
|                              |                |             |  |  |
|                              |                |             |  |  |
|                              |                |             |  |  |
|                              |                |             |  |  |

Office Use Only



000386856320

95/95/22--01014--005 \*\*125.00

2022 HAY -5 AMIO: 57

#### **COVER LETTER**

TO:

| TO:                                   | Registration Section Division of Corporations   |  |
|---------------------------------------|---|--|
| 21 : D 1                              | Pals Brewing Company, L.L.C.  |  |
| 30 DJ                                 |   | lame of Limited Liability Company  |
|                                       |   | ity Company for Authorization to Transact Business in Florida," Certificate of<br>ove referenced foreign limited liability company to transact business in Florida |
| Please                                | return all correspondence concerning this matter  | er to the following:   |
|                                       | Christopher T. Schmidt  |  |
|                                       |   | Name of Person   |
|                                       | Boardman & Clark LLP  |  |
|                                       |   | Firm/Company   |
|                                       | 1 S. Pinckney St. Ste 410   |  |
|                                       |   | Address  |
|                                       | Madison, WI 53703   |  |
|                                       |   | City/State and Zip Code  |
|                                       | amyo@palsbrewingcompany.com   |  |
|                                       | E-mail address: (to   | be used for future annual report notification)   |
| For fu                                | rther information concerning this matter, please  | call:  |
|                                       | Christopher T. Schmidt  | 608 286-7157   |
|                                       | Name of Contact Person  | Area Code Daytime Telephone Number   |
| Mailing Address: Registration Section |   | Street Address: Registration Section   |
| Division of Corporations              |   | Division of Corporations   |
| P.O. Box 6327                         |   | The Centre of Tallahassee  |
|                                       | Tallahassee, FL 32314   | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303  |
|                                       | Enclosed is a check for the following amount Please make check payable to: FLORIDA D  \$\Begin{array}{c} \preceq \preceq \preces \preceq \preces \prece | DEPARTMENT OF STATE  |

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

|                                   | name adopted for the purpose of transacting business in Floric  | a, the attended light fines frequent connect court | my company, finite, or | 124.0. ) |  |
|-----------------------------------|---|--|------------------------|----------|--|
| Nebraska 2 3                      |   | 3. <u>8/-133</u>                                   | 81-1333535             |          |  |
| (Jurisdiction under the law of w  | hich foreign limited liability company is organized)  | (FEI number,                                       | if applicable)         |          |  |
| A 1                               |   |  |                        |          |  |
|                                   | (Date first transacted business in Florida, if prior to reg<br>(See sections 605.0904 & 605.0905, F.S. to determine | stration.)   | <del>_</del>           |          |  |
| ·                                 | (See sections 605.0904 & 605.0905, F.S. to determine  | nenalty liability)                                 |                        |          |  |
| 18095 W. State Farm               | Rd.   | 18095 W. State Farm Rd.                            |                        |          |  |
| reet Address of Principal Office) |   | 6. (Mailing Address)                               |                        | _        |  |
| Hershey, NE 69143                 |   | Hershey, NE 69143                                  |                        |          |  |
| <u></u>                           | <del></del>   |  | 2022<br>SE1<br>TALI    | _        |  |
|                                   |   |  | <u> </u>               |          |  |
|                                   | ss of Florida registered agent: (P.O. Box 1)  Bill Regel  | <u>IOT</u> acceptable)                             | AY -5 AM 10:5          |          |  |
| Name:                             |   |  | H IO: 57               |          |  |
|                                   | 12145 Edwards Rd.   |  | DE ST                  |          |  |
| Office Address:                   | Port Charlotte  | 33981<br>, Florida                                 |                        |          |  |
| Office Address:                   |   | (Zip code)   |                        |          |  |
| Office Address:                   |   | (Zip code)   |                        |          |  |

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:             | Title or Capacity: | Name and Address:              |
|--------------------|-------------------------------|--------------------|--------------------------------|
| ■Manager           | Name: Mark Oettinger          | ■Manager           | Name: Mendy Oettinger          |
| □Member            | Address: 18095W. Stato Family | □Member            | Address: 18095 W. State Family |
| □Authorized        | Hershoy, NE 69143             | □Authorized        | Herstoy, NE 69143              |
| Person             |                               | Person             |                                |
| □Other             | Other                         | □Other             | Other                          |
| ≣Manager           | Paul Oettinger Name:          | ■Manager           | Name: Amy Oettinger            |
| □Member            | Address: 304 adusten          | □Member            | Address: 300/ W. Philip        |
| ☐Authorized        | North Plate, NE 69101         | □Authorized        | North Plalle NE 69101          |
| Person             |                               | Person             |                                |
| □Other             | Other                         | □Other             | Other                          |
| □Manager           | Name:                         | □Manager           | Name:                          |
| □Member            | Address:                      | □Member            | Address:                       |
| □Authorized        |                               | □Authorized        |                                |
| Person             |                               | Person             |                                |
| □Other             | Other                         | 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

Amy Octtinger

## STATE OF NEBRASKA

United States of America, State of Nebraska } ss.

Secretary of State State Capitol Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

### PALS BREWING COMPANY, L.L.C.

was duly formed under the laws of Nebraska on January 25, 2016;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

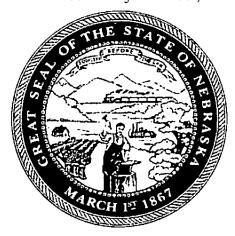
the Secretary of State has not administratively dissolved the company:

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution:

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

March 14, 2022

Secretary of State