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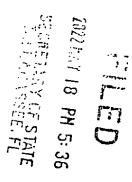
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJEC	BK IMPORTS, LLC				
.90 Barr	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please re	eturn all correspondence concerning this matter to	the following:			
	Susan L. Graney				
	Name of Person Crear, Chadwell, Dos Santos & Devlin, P.C.				
	Firm/Company				
	One Monarch Place, Suite 310				
		Address			
Springfield, MA 01144					
	ty/State and Zip Code				
	kim@treehousebrew.com				
	E-mail address: (to be	used for future annual report notification)			
For furth	er information concerning this matter, please cal	k:			
	Susan L. Graney	413 747-5440 Ext. 109			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address:		Street Address: Registration Section			
Registration Section Division of Corporations P.O. Box 6327		Division of Corporations			
		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP. ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate o	& 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate			

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 GABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
i) nome unavailante, enter alternate r	name adopted for the purpose of transacting business in Flo	ida. The alternate name most molode "Limited Liability $\bar{\mathcal{C}}$	ompans," "L.L.C," or "LLC ")
Connecticut		88-2181042 3.	
(Jurisdiction under the law of w	high foreign (mited lamility company is organized)	3. (F2) number (fin)	piteable)
N/A			
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605 0905, F.3. to determ n	gistration) e permity liability)	
257 Judd Road, Coven		44-16 Crawford Drive E, Union, C	CT 06076
treet Address of Principal Office)		6. (Mailing Address)	•
			5 202
			2022
	CTI 11 i I (B () Pos	MOT governbla)	7. * · · ·
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	温泉。
	ss of Florida registered agent: (P.O. Box Corporation Service Company	<u>NOT</u> acceptable)	温泉。
Name and street address Name:		<u>NOT</u> acceptable)	温泉。
		<u>NOT</u> acceptable)	18 PR
Name:	Corporation Service Company	NOT acceptable)	DOZZI V 18 PH 5: 37 SELETARY OF STATE SELECTARY OF STATE

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.

Ashley Isbert, Assistant VP (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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: ____ Ashley Brooke Farr Name: Kim Goudreau Manager ■ Manager 247 Richmond Road 44-16 Crawford Drive East Address: Member ■Member Address: Coventry, CT 06238 Union, CT 06076 □ Authorized ☐ Authorized Person Person □Other Other Other_____ □Other__ Name: _____ Manager Name: _____ □Manager □Member Address: □Member Address: □ Authorized Authorized Person Person Other____ □Other____ □Other Other__ Name: □Manager Name: □ Manager Address: Address: □Member □Member ☐ 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. Nonindexed 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

Typed or printed name of signee

Kim Goudreau

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: May 16, 2022

Certificate Number: C-00045180

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	BK IMPORTS, LLC	
Business ALEI	US-CT.BER:2552509	
Formation Date	05/05/2022	

Secretary of the State

Business ALEI: US-CT.BER:2552509

Note: To verify this certificate, visit Business.ct.gov