## MA2000010 892

(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:					





600390966926

THE PARTY OF STATE OR ID

JUL 13 PM 1:07

2022 JUL 13 PM 3:59

T. LEMIEUX

JUL 14 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 802326 / 8287999

AUTHORIZATION : Square Comments

COST LIMIT : \$ 160.00

ORDER DATE : July 13, 2022

ORDER TIME : 2:14 PM

ORDER NO. : 802326-005

CUSTOMER NO: 8287999

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: CASK NX LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Cask NX LLC	
		Name of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florid
Please r	return all correspondence concerning this ma	atter to the following:
	Lauren Ries	
	-	Name of Person
	Cask NX LLC	
		Firm/Company
	P.O. Box 927170	
		Address
	San Diego, CA 92192-7170	
		City/State and Zip Code
	Contracts@casklic.com	
	E-mail address:	(to be used for future annual report notification)
For furt	her information concerning this matter, plea	ase call:
Lauren Ries		858 634-6200
	Name of Contact Person	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address:
		Registration Section
		Division of Corporations
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303
	Enclosed is a check for the following amo Please make check payable to: FLORIDA  \$125.00 Filing Fee \$130.00 Fili  Certifi	A DEPARTMENT OF STATE

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabili	ty Company," "L	L.C," or	T.I.C.")
Delaware 2.		83-2942740 3. (FEI number, if applicable)			
(Jurisdiction under the law of v	thich foreign limited liability company is organized)				
7/1/2022					
7.	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine	gistration ) penalty liability)	_		
8910 University Ce	nter Lane	P.O. Box 927170			
5. (Street Address of Principal Office)		6. (Mailing Address)		_	-
Suite 400		San Diego, CA 92192-7170			
San Diego, CA 921	22-1072		<b>6</b> 3	2022	-
7. Name and street addre	ss of Florida registered agent: (P.O. Box )	NOT acceptable)	5	JUL 13	EILED
Name:	Corporation Service Company		E P	PM 1: 08	Ö
Office Address:	1201 Hays Street		CAID?	80	
	Tallahassee	32301 , Florida			
	(City)	, Florida (Zip code)	<del></del>		
designated in this applicate to comply with the provise	otance: cgistered agent and to accept service of pration, I hereby accept the appointment as tions of all statutes relative to the proper a s of my position as registered agent.  Corporation Service Company	registered agent and agree to act in to nd complete performance of my dution	his capacity.	I furt	her agre

(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: Title or Capacity: Name and Address: Name and Address: Name: \_\_\_\_\_ Name: Mark Larsen □Manager □Manager P.O. Box 927170 P.O. Box 927170 ■ Member □Member San Diego, CA 92192-7170 San Diego, CA 92192-7170 Authorized Authorized Person Person □Other\_\_\_\_ Other □Other\_\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Member □Member Address: Address: ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ □Other □Other □Manager Name: □ Manager □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. 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.

Typed or printed name of signee

Lauren Ries



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CASK NX LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASK NX LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203905650

Date: 07-13-22