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Name:	Beverage Management Systems, LLC		
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COVER LETTER

UBJECT:	Beverage Management Systems, LLC	
obsect.		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo
ease returr	all correspondence concerning this matter to	o the following:
	Kathrine LeBlanc	
		Name of Person
	Burns & Levinson LLP	
		Firm/Company
	125 High St.	
	·	Address
	Boston, MA 02110	
	C	ity/State and Zip Code
	jnicol@easybar.com	
	E-mail address: (to be	used for future annual report notification)
or further i	nformation concerning this matter, please cal	II:
Kathrine LeBlanc		617 345-3000 at ()
	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 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee	

TO:

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Beverage Management (Name of Foreign	Systems, LLC Limited Liability Company, must include "Limited	Liability Company," "L. L.C.," or "LLC")		
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liab	dity Company," "L. L. C," or "LLC.")	
DE		92-1359060		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
4				
	(See sections 605 0904 & 605 0905, F.S. to determine	gistration) penalty liability)		
19799 95th Ave. SW #		19799 95th Ave. SW #A		
5. (Street Address of Principal Office)		6. (Nailing Address)		
Tualatin, OR 97062		Tualatin, OR 97062		
· · · · · · · · · · · · · · · · · · ·				
<u></u>		·	20	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	23 J	
			JAN 2	
	C T Corporation System		· · · · · · · · · · · · · · · · · · ·	
Name:		 		
Office Address:	1200 South Pine Island Road		= = = = = = = = = = = = = = = = = = = =	
Office Addiess.			02	
	Plantation	33324 , Florida		
	(City)	(Zip code)	_	
designated in this applicate to comply with the provise	stance: egistered agent and to accept service of pretion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in	this capacity. I further agree	
19	c T Corpora Cy; /s/ Olga Hinkel, VP	tion System	<u> </u>	

(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: Name and Address: Title or Capacity: Name and Address: Robert Menn Name: Name: Jim Goodman Address: 20 Williams St., Suite 250 20 Williams St., Suite 250 Address: _ □ Member □Member Wellesley, MA 02481 Wellesley, MA 02481 □ Authorized □ Authorized Person Person □Other___ □Other_ □Other__ □Other Name: Kelsey Broyles Gregg Aronoff **⊠**Manager **⊠**Manager 20 Williams St., Suite 250 Address: 9385 Oak Leaf Way Address: □Member □Member Wellesley, MA 02481 Granite Bay, CA 95746 □ Authorized □ Authorized Person Person Other □Other Other □Other Name: James Nicol ⊠Manager □Manager Name: ____ 19799 95th Ave. SW #A Address: □Member ■ Member Tualatin, OR 97062 □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. Julul James Nicol Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEVERAGE MANAGEMENT SYSTEMS, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2023.

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

Authentication: 202552297

Date: 01-23-23