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JEFE W. LANE ATTORNEY AT LAW 2934-1/2 BEVERLY GLEN CIRCLE, NO. 704 LOS ANGELES, CALIFORNIA 90077

Also admitted in New York

Telephone: (310) 575-0606 E-mail: jlane@jwl-law.com

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April 8, 2023

BY FEDERAL EXPRESS

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Registration Section Division Of Corporations The Center Of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Faith American Brewing Company, LLC

Dear Registration Section:

I represent Faith American Brewing Company, LLC, "a New York Limited Liability Company (the "Company").

Enclosed herewith are the following:

1. Signed Cover Letter.

2. Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida – with Authorization by Florida Registered Agent.

3. Certificate Of Status For the Company

4. Check in the amount of \$125.00.

Please process the Application.

If you have any questions, please feel free to call.

ry truly yours, JEFF W. LANE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Faith American Brewing Company, 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:

	Jeff W. Lane, E	sq.	
		Name of Person	THE L
		Firm/Company	
	2934-1/2 Beve	rly Glen Circle, No. 704	
		Address	3:23 FT FT
	Los Angeles, C	A 90077	171 O -
	Cit	y/State and Zip Code	
	jlane@jwl-law.		
~	E-mail address: (to be)	used for future annual report notification	n)
For further inform	nation concerning this matter, please call:	<u>.</u>	
	Jeff W. Lane	_{at (} 310) <u>916-8530</u>	1
	Name of Contact Person		lephone Number
Mailing	Address:	Street Address:	

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

S125.00 Filing Fee	□ SISU.00 Filing Fee & □	\$155.00 Fung ree &	□ S160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	of Status & Certified Copy

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	rewing Company, LLC				
(Name of Foreign Limited Li	ability Cumpany; must include "Limited Lu	ibility Company,"	"L.L.C.," or "LLC.")		
If name unavailable, enter alternate name adopted	I for the purpose of transacting business in Florid:	. The alternate name	must include "Limited L	ability Company."	"L.L.C." or "LLC."
2. New York		3.		2023 5-E-0	
(Jurisdiction under the law of which foreign	limited liability company is organized)	J	(Ft:Fnum2	ber if applicable TO	·····
Not Applicable					
(Date) (See s	first transacted business in Florida, if prior to regis ections 605 0904 & 605.0905, F.S. to determine p	tration.) malty liability)			
5. 334 Ruff Road Street Address of Principal Office)		6. <u>230</u> (Mailing	9 Santa Mon		<u>96. 521</u>
Margareteville, NY 1	2455	Sar	nta Monica, C	A 90404	
7. Name and <u>street address</u> of Flor	ida registered agent: (P.O. Box <u>N</u>	<u>QT</u> acceptable)			
Name: <u>Rec</u>	ijstered Agent Solutions, Ir	IC			
Office Address:155	5 Office Plaza Drive, Suite	Α			

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.

Jackyn Winght

(Registered agent's signature) Jaclyn Wright, Asst. Secretary

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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:	<u>Title or Capacity:</u>	Name and Address:
□Manager	Name: <u>Allen Kelsey Grammer</u> 2309 Santa Monica Blvd.,	□Manager	Name:
⊠Member	Address No. 521, Santa Monica Divd., 90404	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	2023 APR
Member	Address:	□Member	Address:
□Authorized		□Authorized	
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.

Self W. Fune	
Signature of an authorized person	

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Typed or printed name of signee

Jeff W. Lane

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the. Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	FAITH AMERICAN BREWING COMPAN \widetilde{Y}	。 [DL(Å É202	ا دتع
DOS ID Number:	4854628	ا ر سر است	PR I	ي ت « <i>د</i> د د ر ب هـ - د و
Entity Type:	DOMESTIC LIMITED LIABILITY COMPAN	¥Υ.,		ने चॅंचे हे
Entity Status:	EXISTING		РИ	5
Date of Initial Filing with DOS:	11/24/2015	ے۔ در 11	ပ္ပ 2	
Statement Status:	CURRENT	 	ώ	
Statement Due Date:	11/30/2021			

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: Date of Filing: Entity Name:	ARTICLES OF ORGANIZATION 11/24/2015 FAITH AMERICAN BREWING COMPANY, LLC	
Document Type:	CERTIFICATE OF CHANGE (BY AGENT)	
Date of Filing:	01/28/2019	
Document Type:	BIENNIAL STATEMENT	
Date of Filing:	12/16/2019	
Effective Date:	11/01/2019	

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 07, 2023 at 05:00 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

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