

M24000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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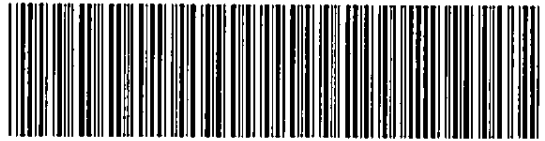
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 10 2024

MH
1/11/24



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 01/08/2024

Name: Patrice Rush

Reference #: 2219943

Entity Name: WESTROCK BEVERAGE SOLUTIONS, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other UPON FILING PLEASE PROVIDE CERTIFIED COPY

Authorized Amount: \$155.00

Signature: 

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:

1. Westrock Beverage Solutions, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 84-4535154
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4009 N. Rodney Parham Rd. 3rd Fl 6. Attn: Tax Team, S&D Coffee Inc.
(Street Address of Principal Office) (Mailing Address)
Little Rock, AR 72212 P.O. Box 1628
Concord, NC 28026

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

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.

T. Giumarra
(Registered agent's signature)

Cogency Global Inc. - Tracy Giumarra, Assistant Secretary

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:

☐ Manager Name: Scott T. Ford

☐ Member Address: 4009 N. Rodney Parham Rd. 3rd Fl

☐ Authorized Little Rock, AR 72212

Person _____

☒ Other CEO ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: T. Christopher Pledger

☐ Member Address: 4009 N. Rodney Parham Rd. 3rd Fl

☐ Authorized Little Rock, AR 72212

Person _____

☒ Other CFO ☐ Other _____

☐ Manager Name: Robert P. McKinney

☐ Member Address: 4009 N. Rodney Parham Rd. 3rd Fl

☐ Authorized Little Rock, AR 72212

Person _____

☒ Other CLO ☐ Other _____

☐ Manager Name: Eric Chin

☐ Member Address: 4009 N. Rodney Parham Rd. 3rd Fl

☐ Authorized Little Rock, AR 72212

Person _____

☒ Other CIO ☐ Other _____

☐ Manager Name: Blake Schuhmacher

☐ Member Address: 4009 N. Rodney Parham Rd. 3rd Fl

☐ Authorized Little Rock, AR 72212

Person _____

☒ Other CAO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

/s/Blake Schuhmacher

Signature of an authorized person

Blake Schuhmacher

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESTROCK BEVERAGE SOLUTIONS, 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 EIGHTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESTROCK BEVERAGE SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2020.

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



7822253 8300

SR# 20240060237

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202545926

Date: 01-08-24