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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

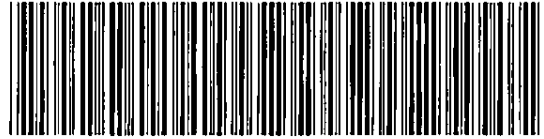
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 APR 24 PM 4:45

MS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2024

DANI CASEY
112 LAKE ST
BURLINGTON, VT 05401 US

SUBJECT: FOAM BREWERS LLC
Ref. Number: W24000056439

We have received your document for FOAM BREWERS LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 324A00007613

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOAM BREWERS 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:

Dani Casey
Name of Person

FOAM BREWERS
Firm/Company

112 LAKE ST
Address

BURLINGTON VT 05401
City/State and Zip Code

danicasey@foambrewers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dani Casey at 732 580-8104
Name of Contact Person Area Code Daytime Telephone Number

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**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate 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:

1. FOAM BECKERS 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. VERMONT 3. 47-4496972
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 112 LAKE ST. 6. SAME
(Street Address of Principal Office) (Mailing Address)

BURLINGTON VT 05401

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

Name: Registered Agents Inc

Office Address: 7901 4th St N Ste 300

St. Petersburg, Florida 33702
(City) (Zip code)
Pinhellar County

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.

Dan Casey
(Registered agent's signature)

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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):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>Dan Casey</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>Jon Farmer</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>39 HOBART HILL Rd</u>		<input checked="" type="checkbox"/> Member	Address:	<u>258 HICKORY ST.</u>	
<input type="checkbox"/> Authorized		<u>UNDERHILL VT 05489</u>		<input type="checkbox"/> Authorized		<u>WINOOSKI VT 05404</u>	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	<u>TODD HAURE</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>Sam Keane</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>717 TEXAS HILL Rd</u>		<input checked="" type="checkbox"/> Member	Address:	<u>34 BIRCH RIDGE Rd</u>	
<input type="checkbox"/> Authorized		<u>HINOSBURG VT 05461</u>		<input type="checkbox"/> Authorized		<u>WESTFORD VT 05492</u>	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	<u>BOB BEIM</u>		<input type="checkbox"/> Manager	Name:	<u>Dan O'Hara</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>137 RIVER ROAD</u>		<input type="checkbox"/> Member	Address:	<u>633 main street</u>	
<input type="checkbox"/> Authorized		<u>UNDERHILL VT 05489</u>		<input checked="" type="checkbox"/> Authorized		<u>Burlington VT</u>	
Person				Person		<u>05405</u>	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.


Signature of an authorized person
Dan Casey
Typed or printed name of signee

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Sarah Copeland Hanzas, Vermont Secretary of State, do hereby certify that according to the records of this office

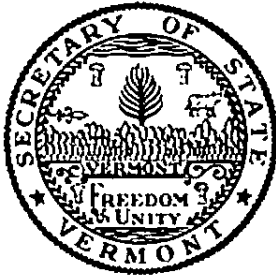
FOAM BREWERS LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Jul 11, 2015.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

March 19, 2024

Given under my hand and seal of office, at Montpelier, the State Capital.



A handwritten signature in black ink, appearing to read "Sarah Copeland Hanzas".

Sarah Copeland Hanzas
Vermont Secretary of State

Business ID: 0305282
Certificate Number: 2014226570001