M	70 110/
Angel	1900001106 sectors Nation 0001106
2 W. Inlapen	1. + Dr. Suite 223
•	Address
Jacks Swulle City/State/Z	FL 32262 ip Phone # (964)6650000 Office Use Only
CORPORATION N	IAME(S) & DOCUMENT NUMBER(S), (if known):
1 Caroli	Microbsew, LLC (Document#)
(Corpo	ration Name) (Document #)
2(Corpo	ration Name) (Document #)
3	oration Name) (Document #)
Согра	oration Name) (Document #)
4. (Corpo	oration Name) (Document #)
☑ Walk in □	Pjek up time Certified Copy
	Pick up time Certified Copy Will wait Photocopy Certificate of Status
NEW FILINGS Profit	AMENDMENTS 5
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent 2000029330121 -07/16/9901039001 -07/16/9901039001
Domestication	Dissolution/Withdrawal ****\$85.00 ****346.25
Other	Merger 0
OTHER FILINGS	REGISTRATION
Annual Report	Foreign Toreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other 88:6 NV 91 111 65
	Examiner's Initials

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Carolina Microbrew, LLC

(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)

North Carolina (Jurisdiction under the law of which foreign company is organized)	3. limited liability	56-1957960 (FEI number, if applica	able)
4. August 3, 1995 (Date of Organization)	5.	January 1, 2035 (Duration: Year limited liability conexist or "perpetual")	apany will cease to
6. Upon qualification (Date first transacted busine) 7. 266 West Coleman Blvd.		ections 608.501, 608.502, and 817.155	, F.S.)
Mt.Pleasant, SC 29464	(Street address of	principal office)	
8. List name, title, and business address will manage the foreign limited liabili NAME & ADDRESS:	of each managing ity company in Fl TITLE:	g member[MGRM] or manager[orida: (attach additional page if NAME & ADDRESS:	necessary)
<u>J.Keith</u> Jones	MGRM	NAME & ADDRESS:	TITLE:
266 W.Coleman B. Suite 205 Mt.Pleasant,SC 2	Lvd		FILED 99 JUL 16 AM 9: 47 ALLIANASSEE, FLORID
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having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:						
Carolina Microbrew, LLC						
2. The name and the Florida street address of the registered agent and office are:						
Angel J. Mejia (Name)						
2 Independent Drive, Suite 223 Florida street address (P.O. Box NOT ACCEPTABLE)						
Jacksonville FL 32202 City/State/Zip						

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mag/Mg. (Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

99 JUL 16 AM 9: 47 SECRÉTICAT OT STATE ALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative	of a member of <u>Carolina M</u>	icrol	orew.	_ LL
	certifies:			
1) the above named limited liability company has at le	ast one member;			
2) the total amount of cash contributed by the member	(s) is	\$	0	;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)			0	; .
 and 4) the total amount of cash and property contributed ar by member(s) is (This total includes amounts from 2 and 3 above.) 	ad anticipated to be contributed	\$	0	·
Signature of a member or an author (In accordance with section 608.408(3), Floaffidavit constitutes an affirmation under the stated herein are true.)	rized representative of a memberida Statutes, the execution of this the penalties of perjury that the facts	oer.	_	
J. Keith Jone Typed or prin	s, Member ted name of signee		_	
Filing Fee: \$250.00 for A		TAIL AHASSEE FLO	99 JUL 16 AH 9:	T = T J



Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CAROLINA MICROBREW, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 3rd day of August, 1995, with its period of duration ending JAN 2035.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of July, 1999.

Elaine J. Marshall

Secretary of State