

P 12000072285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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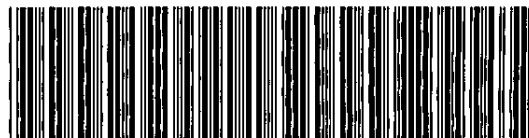
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/12--01011--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 22 PM 2:00

8/28/12

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Dog River Brewing Company, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Eric Kallstrom

Name (Printed or typed)

67 Gables Blvd

Address

Weston, FL 33326

City, State & Zip

9548297898

Daytime Telephone number

ekallstrom5@aol.com

E-mail address: (to be used for future annual report notification)

12 AUG 22 PM 2:00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Dog River Brewing Company, Inc.

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address

67 Gables Blvd. Weston, FL 33326

12 AUG 22 PM 2: 00
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Create jobs and promote tourism in the South Florida area.

ARTICLE IV SHARES

The number of shares of stock is **500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Eric Kallstrom, President**

Address: **67 Gables Blvd. Weston, FL 33326**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Marsha Kallstrom**

Address: **67 Gables Blvd. Weston, FL 33326**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Eric Kallstrom**

Address: **67 Gables Blvd. Weston, FL 33326**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Marsha Kallstrom

Required Signature/Registered Agent

8/19/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Eric Kallstrom

Required Signature/Incorporator

8/19/12
Date