DOC ID ----> 201324801070

| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 09/06/2013 | 201324801070 | ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP) | 125.00 | .00 | | .00 | .00 |

**Receipt**

This is not a bill. Please do not remit payment.

451 SPIRITS, LLC
MR. DAVID CHEW
339 OLENTANGY STREET
COLUMBUS, OH 43202

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**2228195**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**451 SPIRITS, LLC.**

and, that said business records show the filing and recording of:

| Document(s) | Document No(s): |
|---|---|
| **ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.** | **201324801070** |

**Effective Date: 09/05/2013**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of September, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201324801070

**Form 533A Prescribed by:**
**Ohio Secretary of State**
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
*www.OhioSecretaryofState.gov*
*Busserv@OhioSecretaryofState.gov*

**Mail this form to one of the following:**

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing **(Two-business day processing time requires an additional $100.00).**
P.O. Box 1390
Columbus, OH 43216

# Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: $125**

**CHECK ONLY ONE (1) BOX**

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: 451 Spirits, LLC.

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd"

Effective Date **(Optional)**: 09/02/2013 mm/dd/yyyy (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for **(Optional)**: _____ Period of Existence

Purpose **(Optional)**: manufacture spirituous liquor, intoxicating liquor and liquor whether by distillation, rectifying, fortifying, blending, fermentation or brewing, or in any other manner and bottling third party spirituous liquor and any other lawful business.

2013 SEP -9 AM 11:45

****Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

DOC ID ----> 201324801070

## ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

451 Spirits LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Mr. David Chew

Name of Agent

339 Olentangy Street

Mailing Address

| Columbus, | Ohio | 43202 |
|---|---|---|
| City | State | ZIP Code |

## ACCEPTANCE OF APPOINTMENT

The undersigned, Mr. David Chew named herein as the statutory agent

Statutory Agent Name

for 451 Spirits LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

Individual Agent's Signature / Signature on Behalf of Corporate Agent

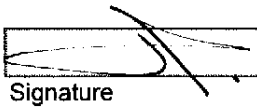
☐ **If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**
Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

Mr. Paolo Rosi
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name