Filing Fee: \$50.00

ID Number: 01662230



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

11 8 22 9.08 9.00

## FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 256, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

| 1.  | The legal name of the applicant business corpora neXstep Beverages, LLC                | ation, lir             | mited liability company or limited partnership is:  |
|---|--|------------------------|---|
| 2.  | The fictitious business name to be used is Blue  | Sky B                  | everage   |
| 3.  | The state or territory under the laws of which it is                                   | incorpo                | orated, organized or formed is Texas  |
| 4.  | The date of incorporation, organization or formation                                   | on is 🤇                | 01/0 [ '2009  |
| 5.  | If a business corporation, the address of its registered office within Rhode Island is |                        |   |
| 6.  | If a business corporation, the business in which it is engaged                         |                        |   |
| 7. Applicant is otherwise authorized to do business in the state of Rhode Island. |  |                        |   |
|   |  |                        | der penalty of perjury, I declare that the information contained ein is true and correct. |
| Date: 08-/9-2016  |  | neXstep Beverages, LLC |   |
|   |  | Nam                    | ne of Applicant Corporation, Limited Liability Company or Limited Partnership             |
|   |  | Ву                     | Signature of Authorized Officer of the Corporation  |
|   | FILED <  | Bv                     | Ramor Manage  |
|   | AUG 2 2 2016   | υ,                     | Signature of Authorized Person for the Limited Liability Company                          |
|   | BY M 281841  | Ву                     | or Signature of Authorized Person for the Limited Partnership                             |
|   | 1/:50  |                        | orginature of Authorized Person for the chilited Parthership                              |

Form No. 624 Revised: 12/05