

L04000018047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2004 MAR -8 PM 4:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-7751
J. BRYAN FEB 22 2004

J. BRYAN MAR -9 2004

LLC Filing Letter

Florida Department of State
•Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date: January 30, 2004

LLC Filings Office:

I enclose an original and ____ copies of the proposed Articles of Organization of Specialty Spirits, LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

Sincerely,

Signed: 

Willis Arndt, Jr.
2880 Fairgreen Drive, Miami, Florida 33140
Telephone: 310.770.7204

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 24, 2004

WILLIS ARNDT, JR.
2880 FAIRGREEN DRIVE
MIAMI, FL 33140

SUBJECT: SPECIALTY SPIRITS, LLC
Ref. Number: W04000007751

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for SPECIALTY SPIRITS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 204A00012438

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Specialty Spirits, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Robert Syner

Mailing Address:

7154 N. UNIVERSITY DR.

TAMPA FL 33321

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Robert Syner
Name

7154 N. UNIVERSITY DR.
Florida street address (P.O. Box NOT acceptable)

TAMPA FLORIDA 33321
City, State, and 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 as provided for in Chapter 608, Florida Statutes..

[Signature]
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

ROBERT SYNER MGRM

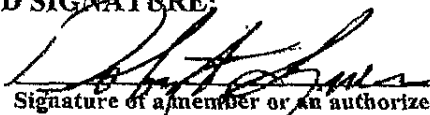
ROBERT SYNER
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT SYNER
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)