

L08000013183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

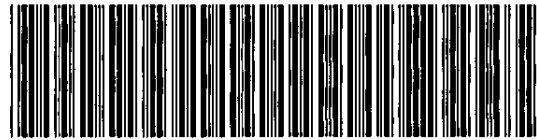
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR
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EXAMINER

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08 FEB -6 PM 3:08
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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VM WINE, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File AAIS _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

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CPB 2/6 1:08
Name Date Time

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION OF
VM WINE, LLC
a Florida limited liability company**

FILED
08 FEB -6 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the limited liability company is: VM WINE, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the limited liability company is:

16900 N. Bay Road
Bldg 3 # 812
Sunny Isles FL 33160

ARTICLE III - Duration:

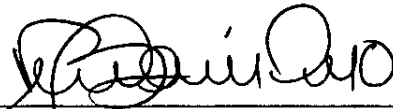
The period of duration for the limited liability company shall be perpetual.

ARTICLE IV - Management:

The limited liability company is to be managed by the members and the name and address of the managing members are:

Robert Maestre
16900 N. Bay Road
Bldg 3 # 812
Sunny Isles Fl 33160

Miguel A. Viacava
24 Avenue at Port Imperial
Apt 44
West New York, NJ 07093



Robert Maestre
Managing Member

**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: **VM WINE, LLC.**
2. The name and the Florida street address of the registered agent is:

Robert Maestre	16900 N. Bay Road
	Bldg 3 # 812
	Sunny Isles, FL 33160

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.

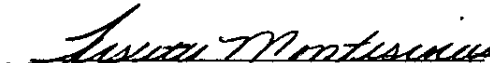


ROBERT MAESTRE

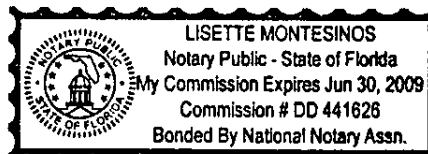
STATE OF FLORIDA
COUNTY OF Dade

Before me personally appeared Robert Maestre who produced drivers license as identification and who executed the foregoing Certificate of Designation, and he acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named above this 17 day of January, 2008



Notary Public



STATE OF FLORIDA
COUNTY OF Dade

Before me personally appeared Robert Maestre who produced drivers license as identification and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named above this 17 day of January, 2008

Lisette Montesinos
Notary Public

