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FLORIDA LIMITED LIABILITY CO. **CENTO VINO NWC LLC**

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SECRETARY OF STATE TALLAHASSEE, ELORIDA

ARTICLES OF ORGANIZATION OF CENTO VINO NWC LLC

ARTICLE I

NAME

The name of the limited liability company shall be: CENTO VINO NWC LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 133 Carlyle Drive, Palm Harbor, Florida 34683.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Kimberly Mitow, 133 Carlyle Drive, Palm Harbor, Florida 34683. Located in the County of Pinellas.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Kimberly Mitow, 133 Carlyle Drive, Palm Harbor, Florida 34683

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: November 11, 2010

WI 53717

608-827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED ALL ATTACKS AGENT/REGISTERED OFFICE TALL ATTACKS. FLORIC:

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: CENTO VINO NWC LLC

The name and address of the registered agent and office is Kimberly Mitow, 133 Carlyle Drive, Palm Harbor, Florida 34683. Located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Kimberly Mage

Date: ///17/10

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