

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 10/6

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****125.00 ****125.00

Corporation(s) Name

Winston Trails Beverage LLC

☐ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership

☐ UBR

☐ Other

☐ Reinstatement

☐ Fictitious Name

☐ Ch. RA

☐ UCC ☐ 1 or ☐ 3

***Special Instructions**

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ Arts/amends/mergers ☐ Other-See Above

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped
Copies To:

Carol Clark

Thank You!

LOO-12217

R

FILED

00 OCT -6 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT -6 PM 11:39
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Winston Trails Beverage LLC

ARTICLE II - Address:

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

c/o Winston Trails Development Corp.
6101 Winston Trails Blvd.
Lake Worth, FL 33463

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

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

C T Corporation System	
Name	
c/o CT Corporation System, 1200 South Pine Island Road	
Florida street address (P.O. Box NOT acceptable)	
Plantation	FL 33324
City, State, and Zip	

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TALLAHASSEE, FLORIDA

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, F.S..

C T Corporation System
Connie Bryan
Registered Agent's Signature

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Diane M. Kubel
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.)

Diane M. Kubel - Authorized Person

Typed or printed name of signee

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)

Article V

The debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company; and no member or manager of the Company shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member or acting as a manager of the Company.

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TALLAHASSEE, FLORIDA