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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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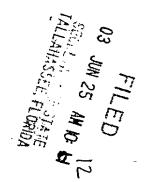
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Vallage Du	vin Holding LLC	
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		Art of Inc File
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		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		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
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:	6/25	UCC 1 or 3 File
Nama		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is: WALLACE-DINKIN HOLDINGS, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1200 SOUTH ROGERS CIRCLE	1200 SOUTH ROGERS CIRCLE
#3	#3
BOCA RATON, FLORIDA 33487	BOCA RATON, FLORIDA 33487

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

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

JOHN M. CAPPELLER, JR.

Name

350 CAMINO GARDENS BLVD., #303

Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33432

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 previded for in Chapter 608, F.S.

Registered Agent's Signature

(CONTINUED)

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:	
MGRM	ELLIOTT WALLACE 1200 S. ROGERS CIRCLE, #3 BOCA RATON, FL 33487	SELED WO 12
(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.)

JOHN M. CAPPELLER, JR. (Authorized Agent) Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)