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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(D	ocument Number)	
Certified Copies	Certificates	s of Status
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# TRANSMITTAL LETTER

<b>TO:</b> Registration Section Division of Corporations		
SUBJECT: Wine Down, LLC		
	Name of Limited Liability Company)	
The enclosed Articles of Organization	and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
Thomas A. Jennings		
	(Name of Person)	
Wine Down, LLC		
	(Firm/Company)	
518 Steeplechase Lane		
	(Address)	
Melbourne, FL 32940		
	(City/State and Zip Code)	
For further information concerning thi	is matter, please call:	
Thomas A. Jennings	at ( 321 ) 427-4761	
(Name of Person)	(Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wine Down, LLC		
ARTICLE II - Add The mailing address		he principal office of the Limited Liability Company i
Principal Office Address:		Mailing Address:
518 Steeplechase Lane		518 Steeplechase Lane
Melbourne, FL 32940		Melbourne, FL 32940
		tered Office, & Registered Agent's Signature:
		tered Office, & Registered Agent's Signature: the registered agent are:
	Torida street address of	
	Thomas A. Jennings	the registered agent are:
	Thomas A. Jennings	
	Thomas A. Jennings	the registered agent are:
	Thomas A. Jennings 518 Steeplechase Lane	the registered agent are:
	Thomas A. Jennings 518 Steeplechase Lane	the registered agent are:

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.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Thomas A. Jennings
	518 Steeplechase Lane
	Melbourne, FL 32940
MGRM	Heather M. Jennings
	518 Steeplechase Lane
	Melbourne, FL 32940
(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.)

Thomas A. Jennings

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)