Page 1 of i

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000100525 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940 Phone : (516)935-3088 Fax Number

## LIMITED LIABILITY COMPANY

Ocean State Distributing L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing, Manua

Composate Filing

Rublic Access Halp.

L BRYAN MAY 1 U 2004

H04000100525

## ARTICLES OF ORGANIZATION FOR

FLORIDA LI	MITED LIABILITY COMPANY
ARTICLE I - Name The name of the Limited Liability Company is:	Ocean State Distributing L.L.C.
ARTICLE II - Address The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1175 Long Lea Terrace	1175 Long Lea Terrace
Wellington, FL 33410	Wellington, FL 33410
ARTICLE III - Registered Agent, Registered and Florida street address of the registered	tered Office & Registered Agent's Signature ed agent are:
Chris	topher M. Bean
	Name
1175	Long Lea Terrace
	(P.O. Box or Mail Drop Box NOT Acceptable)
<u>Welli</u>	ngton, FL 33410
	(City / State / Zip)
at the place designated in this certificate, I here	accept service of process for the above stated limited liability company by accept the appointment as registered agent and agree to act in this visions 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.

Registered Agent's Signature - Christopher M. Bean

H04000100525

ARTICLE IV - Manager(s) The name and address of each M	or Managing Member(s):  Ianager or Managing Member is as follows:
Title: "MGR"=Manager "MGRM"=Managing Member	Name and Address:
MGRM	Christopher M. Bean - 1175 Long Lea Terrace, Wellington, FL 33410
MGRM	Barbara A. Bean - 268 Blackberry Hill Drive, South Kingstown, RI 02879
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Signatu	re of a member of authorized representative of a member.
document	dance with section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts rein are true.)  Christopher M. Bean  Typed or printed name of signee
	Christopher M. Bean
	Typed or printed name of signee