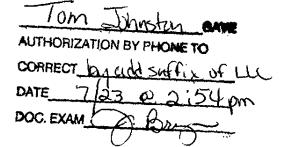
## L04000054803

(Re	questor's Name)	
(Ad	dress)	
(Âd	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number	)
•	·	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

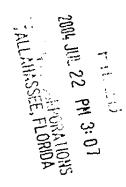






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J. BRMAN JUL 2 3 2004

Junly 20, 2004

Florida Department of State Div. Of Corporations Tallahassee, Florida

Dear Sirs:

I am enclosing the transmittal letter as requested to

the Department of State, and I am enclosing the

check for \$130.00 for the Filing Fee; Designation of

Registered Agent; and Certificate of Status.

I hope that all of the forms for the creation of the "LLC"

have been completed correctly.

If you need to contact me use the number on the

form, 954-153-7297, or write to me at

my address: 1577 NW 121 Drive, Coral Springs, Fl. 33071

Yours truly,

Thomas A. Johnston 1577 NW 121 Drive

Coral Springs, Fl. 33071

lenc.

MAJUL 22 PH 3: 07

## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Wine Etc. (Name of Li	mited Liability Company)  submitted for filing.  tter to the following:
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Thomas A Johnsto (Name of Person)	n Constitution of the cons
Wine, Etc. (Firm/Company)	
1577 N W 121 O6	?, ve
CORAL SOCIESS, Flori (City/State and Zip Code)	da 330.71
For further information concerning this matter, pleas	se call:
Theines Johnston (Name of Person)	at (454 ) 753 - 7297  (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
409 E. Gaines Street Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:	ALANAS COMP		
Wine, Etc. LLC			
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1577 NW 121 DRIVE CORAL Spilvings FL 33071	1577 Nh 121 Druc CORAL Springs, FL 33071		
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:		
The name and the Florida street address of the registered	agent are:		
Thomas A Jo.	hnston		
1577 NW 121 Florida street address (P.O. Box NO	T acceptable)		
City, State, and Zip	3307/		

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..

Registered Agent's Signature

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Thomas Johnston MgR	Iging Member(s):  er or Managing Member is as follows:  Name and Address:  Tom Johnston 1577 Nw 121 Drive Corne Springs FL 3307/	3.07
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a memb	er or an authorized representative of a member.	
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	
Thomas T	yped or printed name of signee	
	Filing Fees: \$100.00 Filing Fee for Articles of Organization -	

\$ 25.00 Designation of Registered Agent  $\nu$ .

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)