

L04000077212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/18/04--01041--011 \*\*155.00

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W. P. Ver

AUTHORIZATION BY PHONE TO

CORRECT by adding suffix LLC

DATE 10/25 @ 2:43pm

EXAM

Subler

W04 - 38681

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RED WINE INVESTMENTS  
(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:

JAMES SHUM  
(Name of Person)

JAMES SHUM CPA  
(Firm/Company)

2224 SIXTH STREET  
(Address)

BERKELEY, CA 94710  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES SHUM at ( 510 ) 549-2226  
(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

RECEIVED  
JUL 15 1995  
P 4 05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 21, 2004

JAMES SHUM  
JAMES SHUM CPA  
2224 SIXTH STREET  
BERKELEY, CA 94710

SUBJECT: RED WINE INVESTMENTS  
Ref. Number: W04000038681

We have received your document for RED WINE INVESTMENTS and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 504A00060531

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RED WINE INVESTMENTS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

12105 LEXINGTON PARK DR.

TAMPA, FL 33626

**Mailing Address:**

12105 LEXINGTON PARK DR.

TAMPA, FL 33626

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

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

MICHAEL DILTS

Name

12105 LEXINGTON PARK DR.

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

TAMPA, FLORIDA 33626

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 provided for in Chapter 608, Florida Statutes..*



Registered Agent's Signature

**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

MICHAEL DILTS

12105 LEXINGTON PARK DR.

TAMPA, FL 33626

\_\_\_\_\_

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(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.)

MICHAEL DILTS

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)**