

L05000031649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

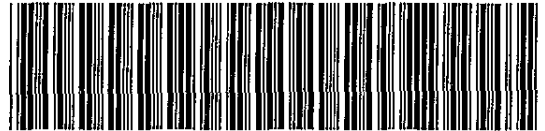
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900048742609

03/28/05--01064--015 **125.00

FILED
05 MAR 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/23/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Liquid Grape LLC DBA Wine Style
(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:

Jennifer Pichette
(Name of Person)

The Liquid Grape LLC
(Firm/Company)

1200 Sw 26th. Street
(Address)

Cape Coral, FL 33914
(City/State and Zip Code)

FILED
05 APR 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Jennifer Pichette at (239) 246-3444
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Liquid Grape 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 SW 26th. St

Same

Cape Coral

FL 33914

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

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

Gilles R. Pichette

Name

1200 SW 26th. St

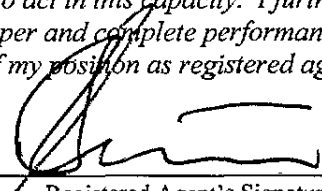
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral, FL 33914

FL

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, F.S..



Registered Agent's Signature

FILED
05 MAR 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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:

MGR _____

Jennifer Pichette
1200 SW 26th. St
Cape Coral, FL 33914

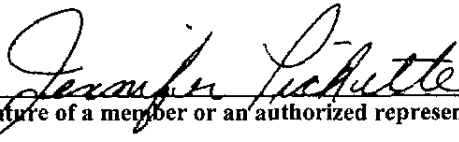
MGRM _____

Gilles Pichette
1200 SW 26th. St
Cape Coral, FL 33914

(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.)

Jennifer Pichette

Typed or printed name of signee

FILED
05 MAR 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)