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(Requestor's Name)
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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
cupiecr. It's Five C	clock Somewhere, L.L.C.			
SUBJECT.		d Liability Company)	·	_
	Organization and fee(s) are so	_		
r case return an correspo	ondence concerning this make	to the following.		
Martin Le		Name of Person)		
	V	,		
It's Five O'clock Som	newhere			
	(Firm/Company)		
12510 Lake	Mary Jane Rd.			0,
		(Address)		
Orland	do, FL 32832			05 May 3 Marin 19
	(City)	State and Zip Code)		
For further information of	concerning this matter, please	call:		强 19
Martin LeMonnier	CD.	at (407) 256-0197 (Area Code & Daytime Te	July N. July	
(Name	of Person)	(Area Code & Daytime 18	sephone Number)	
Enclosed is a check fo	r the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)		atus &

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 Taliahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:	
It's Five O'clock Somewhere LLC		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
12510 Lake Mary Jane Rd	12510 Lake Mary Jane Rd	
Orlando, FL 32832	Orlando, FL 32832	
The name and the Florida street address of the Martin LeMonnier Name	red Office, & Registered Agent's Signature: the registered agent are:	
12510 Lake Mary Jane Rd	address (D.O. Day NOT acceptable)	
Orlando, FL 32832	address (P.O. Box <u>NOT</u> acceptable) FL le, and Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limin this certificate, I hereby accept the appointment activ. I further agree to comply with the provisions of performance of my duties, and I am familiar with activities agent as provided for in Chapter 608, F.S. ont's Signature	s of all nd

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Martin LeMonnier 12510 Lake Mary Jane Rd	-	
	Orlando, FL 32832	-	
		- -	
		- - -	
		05 H2Y -3	77.
			FILED
(Use attachment if necessary)		書言	
NOTE: An additional article must	be added if an effective date is requested.	P	
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.)

Manny LE Mondies
Typed or printed name of signee

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)