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SESAS TALLAS	iştă İşta
(Requestor's Name)	
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(Address)	
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	į
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

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TO: Registration Sec Division of Corp			
SUBJECT: Nec	tar Wine (Name of Limite	L.L.C. d Liability Company)	TOTAL SEP 13 D 1: 18
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing,	
Please return all correspo	ondence concerning this matte	er to the following:	
Eric	J. Bradle	<u>~/</u>	
	(Name of Person)	
	(Firm/Company)	
3132	Dowling Dr	(Address)	
Tallah	Dowling Dr	L 30300 (State and Zip Code)	3
For further information co	oncerning this matter, please	call:	
Eric Bro	of Person)	at (<u>\$50</u>) 212 (Area Code & Daytime Te	- 755 <u>4</u> lephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s

	OKIDA LIVITED LIABILATA SOMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	TALLAH CHICAGON STATE
Nectar Wine L.L.	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4500 Shannon Lakes Dr Suite 1 Tallahassee, FL 32309	2910 Kerry Forest PKwy DY-171 Tallahasree, FL 32309
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Joseph Rich	ardson
	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassee, City, State, an	FL 32309 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Begistered Agent's Signatur	re (REQUIRED)
	/

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	ber 2005 SED 13 P 1
MGRM	Errc Bradley 13309 Tallahassee, FL 32309
MGRM	Joseph Richardson 6711 Alan A Dale Trl Tallahassee FL, 32309
effective date is listed, the dat	r than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior)
CLE V: Effective date, if other effective date is listed, the date to days after the date of filing. REQUIRED SIGNATURE	r than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior)

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