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## COVER LETTER

	ntion Section n of Corporations	FE	I NUMBER: 2	7-01273
SUBJECT:	NEW YORK UNCORK (Name of Limite	ED Wine DISTRIBUTE ed Liability Company)	ors, LCC	
The enclosed Art	cicles of Organization and fee(s) are s	submitted for filing.		
Please return all	correspondence concerning this matt	er to the following:		
	BRAD C.	Emiter (Name of Person)		_
		,		
<del> </del>	NEW YORK UNCOR	<i>KEO Wine DISTRIB</i> (Firm/Company)	urves, uc	<del></del>
	6173 BE	(Address)		_
	Tacken	16 6 30256		tana N°≅ a ag
	(City	//e, FL 32256 y/State and Zip Code)	10 m	
For further inform	nation concerning this matter, please	: call:	E E	4
_	_		0. 3. AN 0. 3. AN 0. 3. AN 0. 3. AN 1. 5. AN 1.	ATT
BRAD	(Name of Person)	at ( <u>904</u> ) <u>710 - 2.5</u> (Area Code & Daytime Te	elephone Number)	1
			•	
	neck for the following amount:		_	
125.00	g 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	
conversion # 150.5	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 Tallahassee, FL 32301	ns	

#### **CERTIFICATE OF CONVERSION**

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document	was:
NEW YORK UNCORKED DISTRIBUTORS	·
SECOND: The date on which and the jurisdiction in which the unincorporated business was created or otherwise came into being are:  A. Date:  B. Jurisdiction:    Florigh	first
C. If different from the above noted jurisdiction, the jurisdiction immediate prints conversion:	
at the first of th	13 MHH: H7
NEW YORK UNCORKED WINE DISTRIBUTIONS, LLC	<del>:</del> +7
Signature of a Member of 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.)	
BRAD C. EMUSE Typed or Printed Name of Signee	

#### FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Filing Fee for Registered Agent Designation

\$ 25.00 Filing Fee for Certificate of Conversion

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
NEW YORK UNCORKED WINE (Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6173 Belle Rive Court	6173 BOLLERIVE COPPET
JACKSONVILLE, FL 32256	JACKSONVILLE, FL 32252
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another agent are:
BRAD C. Em	LER
Florida street add  Tacksonville  City, State, a	ress (P.O. Box <u>NOT</u> acceptable)
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

#### 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	Name and Address:
"MGRM" = Managing Member  MGRM	BRAD C. EMLER 6173 BELLE RIVE COLAT TACKSONVILLE, FL 32256
MGRM	ANTHONY T. MOYER  6173 BELLE RIVE COURT  JACKSONVILLE, FL 32256
_NGR.M	BENJAMIN MILEY  2336 IRONSTONE DR E  TACKSONVIlle, FL 32036
	DRE BON SEE
(Use attachment if necessary)	FLORE L
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury rein are true.)

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)

Sepp ( EmuER Typed or printed name of signee