

LD60000018521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

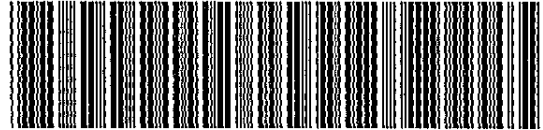
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2/2/20

Office Use Only



300065340743

02/13/20 01007 010 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 13 PM 3:31

APPROVED  
AND  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gentle Spirits, LLC  
(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:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
SALLY S. BENSON, P.A.  
11211 PROSPERITY FARMS ROAD, C-111  
PALM BEACH GARDENS, FL 33410

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sally S. Benson at (561) 691-4702  
(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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

GENTLE SPIRITS, LLC

**ARTICLE II- Address:**

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

**Principal Office Address:**

13901 Pierson Road  
Wellington, Fla 33414

**Mailing Address:**

13901 Pierson Road  
Wellington, Fla 33414

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

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

Dale Showell  
13901 Pierson Road  
Wellington, Fl. 33414

*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 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(REQUIRED)

APPROVED  
AND  
FILED  
06 FEB 13 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

**Name and Address:**

"MGR"= Manager

"MGRM- Managing Member

MGR

Dale Showell  
13901 Pierson Road  
Wellington, Fla 33414

MGRM

Dale Showell  
13901 Pierson Road  
Wellington, Fla 33414

**ARTICLE V:** The effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

APPROVED  
AND  
FILED  
06 FEB 13 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA