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(Business Entity Name)

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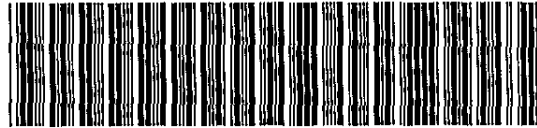
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TALLAHASSEE, FLORIDA

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARILLON WINE AND LIQUOR, L.L.C.
(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:

DILIP PATEL
(Name of Person)

CARILLON WINE AND LIQUOR
(Firm/Company)

13260 34TH STREET NORTH
(Address)

CLEARWATER, FL. 33762
(City/State and Zip Code)

For further information concerning this matter, please call:

DILIP PATEL at (727) 572-8881
(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

PD # 6202



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

DILIP PATEL
13260 34TH STREET NORTH
CLEARWATER, FL 33762

SUBJECT: CARILLON WINE AND LIQUOR, L.L.C.
Ref. Number: W06000008241

We have received your document for CARILLON WINE AND LIQUOR, L.L.C. and check(s) totaling \$166.25. However, your check(s) and document are being returned for the following:

You must complete the attached form to file for a new Florida Limited Liability Company, the form submitted is for a Corporation. Also, the filing fee is \$130.00. Please send a new check in this amount.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 306A00011785

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARILLON WINE AND LIQUOR, L.L.C.

(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 principal office of the Limited Liability Company is:

Principal Office Address:

13260 34TH STREET NORTH
CLEARWATER, FL. 33762

Mailing Address:

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DILIP PATEL

Name

13260 34TH STREET NORTH

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

CLEARWATER, FL 33762

City, State, and Zip

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06 FEB 27 AM 10:16
TALLAHASSEE, FLORIDA

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..

Dilip Patel

Registered Agent's Signature (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DILIP PATEL

13260 34TH STREET NORTH

CLEARWATER, FL. 33762

MGRM

DIVYA PATEL

13260 34TH STREET NORTH

CLEARWATER, FL. 33762

(Use attachment if necessary)

ARTICLE V: 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.)

DILIP PATEL

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)