Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name ; FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599~0839 Fax Number: (305)716-0346

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

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VISJON OF CORPORATIO

OAK BARREL WINERY, LLC.

Certificate of Status	0
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Estimated Charge	\$155.00

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2006 MAR 24 A 10: 14 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ( - Name:

The name of the Limited Liability Company is: Oak Barrel Winery, LLC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3101 N Country Club Drive

Suite 109

Aventura, FL, 33180

3101 N Country Club Drive

Sulte 109

Aventura, FL, 33180

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

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

Alexa Boothman Name

8101 N Country Club Drive, Suite 109 Florida Street address (P.O. Box NOT acceptable)

> Aventura, FL, 33180 City, State and ZIP

Heving 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.

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ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Alexa Boothman

3101 N Country Club Drive

Suite 109

Aventura, FL, 33180

Managing Member

Alexa Boothman 3101 N Country Club Drive

Suite 109

Aventura, FL, 33180

Managing Member

3101 N Country Club Drive

Suite 109

Aventura, FL, 33180

Managing Member

3101 N Country Club Drive

Suite 109

Aventura, FL, 33180

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

or an authorized representative of a member.

(in accordance with section 605.408(3), Florida Stauton, the execution of this document constitutes an affirmation under the panelties of parjury that the facin stained herein are true.)

<u> Alexa Boothman</u> Typed or Printed Name of Signes

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature of a member of an authorized representative of a member.

(in secordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalities of perjury that the facts stated herein are true.)

Alexa Boothman
Typed or Printed Name of Signee