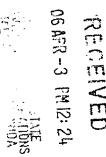
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Requester's Name 2013 Hollyward D Address City/State/Zip Phone # CORPORATION NAME(S) & DOCUM	251-6844 MENT NUMBER(S), (if	Office Use Only known):
1. 26 Whiskey LLC	(Document #)	200 S
2	(Booment #)	SECRETARY IVISION OF CO
(Corporation Name)	(Document #)	— 1·3
3. (Corporation Name)	(Document #)	PH 12: 34
4. (Corporation Name)	(Document #)	** *** **** **************************
Walk in Pick up time	(Edition #)	☐ Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit	AMENDMENTS Amendment Resignation of R.	A., Officer/Director
Limited Liability Domestication Other	Change of Registe Dissolution/Withd Merger	red Agent
OTHER FILINGS	REGISTRATION/QU	<u>JALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnershi Reinstatement Trademark Other	ip
		Examiner's Initials

CR2E031(7/97)

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	Name of Limited Liability Company)		
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Nick George (Name of Person)	<u></u>	
	26 WhisRey LLC (Firm/Company)	2004 APR -3 PH 12: 34	DIVISIO
	3666 Redde Dr.	PR -3	N OF CO
	(Address)	PH	RPO
	Tallahassze Fl. 32303		RALIUS
	(Chy/state and Zip Code)	#	77
or fun	ther information concerning this matter, please call:		
<u></u>	(Name of Person) at (850) 510-7259 (Area Code & Daytime Telephone Number)		
Enclos	sed is a check for the following amount:		
] \$125	5.00 Filing Fee \$\frac{1}{1}30.00\$ Filing Fee & Certified Copy (additional copy is enclosed) \$\frac{1}{1}30.00\$ Filing Fee & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations		

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

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:
(Must end with the words "Limited Liability Company, "L ARTICLE II - Address: The mailing address and street address of the	inited Company" or their abbreviation "LLC," or "L.C.,") e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3666 Paddie Dr. Tallaharre, Fl. 32303	3666 Peddic fr. Tallahasser, Fl 32303
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	Savetin
Florida street	address (P.O. Box NOT acceptable) P FL 32303 2 ORPH 10 PROPER 10
Having been named as registered agent and	te, and Zip to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 339.06

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Manag		
	ging internoti	
MGRM	Keith Santord	
	2013 Hollywood Dr.	
	TOTAL CONTRACTOR OF THE STATE O	
MGRM	Nick GEOLGE	
	TAHAHANDA FL 32803	
	170 1 1 3 2 5 U 3 2 U 3	 -
		_ .
		
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Use attachment if r	necessary)	
`	/	FIONAL
LE V: Effective dat		
EV: Effective dat ective date is listed	te, if other than the date of filing:	
EV: Effective dat ective date is listed	te, if other than the date of filing:	
LE V: Effective date is listed days after the date	te, if other than the date of filing:(OPT d, the date must be specific and cannot be more than five busine e of filing.)	ess days
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LE V: Effective dat fective date is listed days after the date REQUIRED SIGN	te, if other than the date of filing:(OPT d, the date must be specific and cannot be more than five busine e of filing.)	ess days
LE V: Effective date is listed days after the date REQUIRED SIGN	te, if other than the date of filing:	ess days
fective date is listed days after the date REQUIRED SIGN Sign (In of	te, if other than the date of filing:	FIONAL)

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)

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

5.00 Continents of States (Optional)