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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

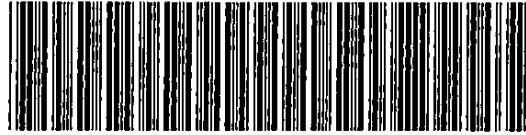
Special Instructions to Filing Officer:

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Office Use Only

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07 JUN - 1 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eola Wine Company Franchising 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:

Scott Schrope

(Name of Person)

Eola Wine Company Franchising LLC

(Firm/Company)

500 E. Central Ave

(Address)

Orlando, FL 32801

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Scott Anderson at (407) 448-6250
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2007

SCOTT SCHROPE
500 E CENTRAL AVE.
ORLANDO, FL 32801

SUBJECT: EOLA WINE COMPANY FRANCHISING LLC
Ref. Number: W07000023966

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07 JUN - 1 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EOLA WINE COMPANY FRANCHISING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 407A00034842



THE FRANCHISE EDGE

REGISTERED AGENT FOR THE STATE OF FLORIDA

May 30, 2007

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

Attention: Marcia

RE: W07000023966, Eola Wine Company Franchising, LLC.

Marcia:

This letter is accompanying our revised Articles of Incorporation for Eola Wine Company Franchising, LLC. Our original was rejected due to the LLC company being listed as the Registered Agent. We have corrected the Registered Agent section.

I called the Registration Section of the Division of Corporations and they gave me your name and the above referenced number for you to apply our check that you are holding to this Articles of Incorporation.

If you have any questions, please give me a call here in the office at 813-935-5087.

Thank you for your time.

Sincerely,

Jessica Gilbert
Executive Assistant/ Office Manager
The Franchise Edge, LLC

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07 JUN - 1 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eola Wine Company Franchising LLC

(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:

Principal Office Address:

Eola Wine Company Franchising LLC

500 E. Central Blvd

Orlando, FL 32801

Mailing Address:

Eola Wine Company Franchising LLC

500 E. Central Blvd

Orlando, FL 32801

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:

Paul Samson

Name

8019 N Himes Ave Suite 503

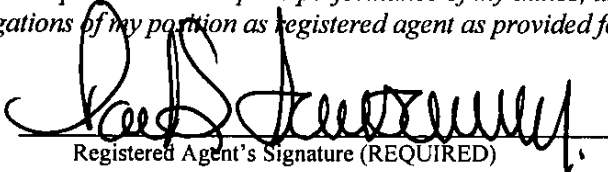
Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33614

City, State, and Zip

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

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TALLAHASSEE, FLORIDA

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:

MGRM

Equity Brands LLC

8019 N. Himes Ave Suite 503

Tampa, FL 33614

MGRM

Plan B Enterprises LLC

500 E Central Blvd

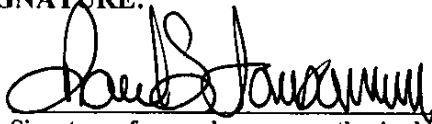
Orlando, FL 32801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

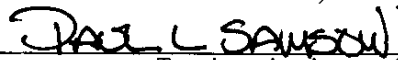
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)

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TALLAHASSEE, FLORIDA