

07000112698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

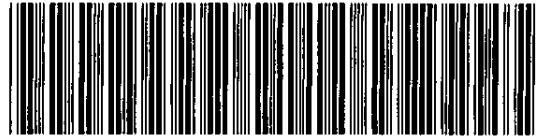
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000111306630

10/29/07--01038--002 \*\*130.00

FILED

2007 NOV -6 PM 4: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07-112698  
QR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2007

CARLEY NIX  
2254 TEA STREET  
PORT CHARLOTTE, FL 33948

SUBJECT: STELLAR CELLARS LLC  
Ref. Number: W07000053661

We have received your document for STELLAR CELLARS 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 29, 2007. Please amend your document accordingly.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 807A0006351

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 NOV -6 PM 4:05

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STELLAR CELLARS 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:

CARLEY J. Nix  
(Name of Person)  
% STELLAR CELLARS, LLC  
(Firm/Company)  
2254 TEA ST.  
(Address)  
PORT CHARLOTTE, FL 33948  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLEY J. Nix at (941) 624-6976  
(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  
Clinton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2001 NOV -6 PM 4:05  
FILED  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

STELLAR CELLARS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:

2254 TEA ST.  
PORT CHARLOTTE, FL  
33948

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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:

DAVID KNOSEK

Name

5004 Kennel St.

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

PORT CHARLOTTE, FL 33988

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.*

David C. Kneseck

Registered Agent's Signature (REQUIRED)

FILED  
2007 NOV -6 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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

Mgrm

Mgrm

CARLEY J. NIX  
2254 TEA ST  
PORT CHARLOTTE, FL 33948

CINDY L. NIX  
6017 PINE RIDGE RD  
NAPLES, FL 34119

NICOLE D. NIX  
2254 TEA ST.  
PORT CHARLOTTE, FL 33948

(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:**

Carley J. Nix, Mgr.  
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.)

CARLEY J. NIX

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 NOV -6 PM 4:05

FILED

**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)