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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

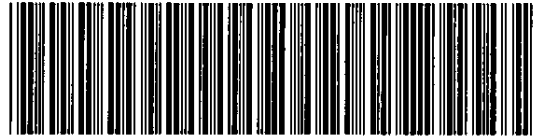
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fairhope Vintners 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:

Christopher D. Jones

(Name of Person)

Fairhope Vintners LLC

(Firm/Company)

1256 SE Illusion Isle Way

(Address)

Stuart, FL 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher D. Jones

(Name of Person)

at ( 772 ) 223-4028

(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

300101058203

FAIRHOPE VINTNERS

October 30, 2007

Leslie Sellers  
Florida Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Leslie:

USE OF MONEYS PAID TOWARD PREVIOUS APPLICATION:

Dear Leslie,

As per our discussion today, please use the \$130 that I have paid previously toward a new application. The money was paid toward a filing for foreign LLC registration under the name Five Vines LLC. I would like to use the money instead as payment for the application of a new Florida LLC enclosed here. The Five Vines Ref# is W07000021928. Thank you for your help and please call with any questions.

Sincerely,

Christopher Jones  
Vintner

FIVE VINES LLC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2007

CHRISTOPHER D. JONES  
1256 SE ILLUSION ISLE WAY  
STUART, FL 34997

Ref. Number: W07000021928

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

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Leslie Sellers  
Document Specialist

Letter Number: 107A00057112



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2007

CHRISTOPHER D. JONES  
1256 SE ILLUSION ISLE WAY  
STUART, FL 34997

SUBJECT: FAIRHOPE VINTNERS LLC  
Ref. Number: W07000055225

We have received your document for FAIRHOPE VINTNERS 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):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 207A00065058

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Fairhope Vintners 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:

1256 SE Illusion Isle Way  
Stuart, FL 34997

#### Mailing Address:

1256 SE Illusion Isle Way  
Stuart, FL 34997

### 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:

Christopher D. Jones

Name

1256 SE Illusion Isle Way

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

Stuart FL 34997

FL

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..*

Christopher D. Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
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:**

MGMR

Christopher D. Jones

1256 SE Illusion Isle Way

Stuart, FL 34997

MGR

Regina Jones

1256 SE Illusion Isle Way

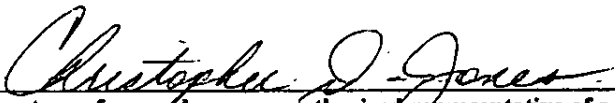
Stuart, FL 34997

(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.)

Christopher D. Jones

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)**