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Office Use Only



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B. KOHA.

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SECRETARY OF STATE
ALLAHASSEE, FI ORID



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2008

UCC FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: CORKLICKO, LLC Ref. Number: W08000000393

PLEASE HONOR ORIGINAL DATE OF SUBMISSION AS FILE DATE

We have received your document for CORKLICKO, LLC and your check totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

R.A. acceptance is unsigned.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 508A00000504

OR JAN -4 PH 4: 29



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

January 3, 2008

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Corklico, LLC

	Filing Evidence ⊠ Plain/Confirmation Copy	Type of Document □ Certificate of Status
	☐ Certified Copy	□ Certificate of Good Standing
		□ Articles Only
	Retrieval Request Photocopy Certified Copy	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Reports	Foreign
	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark
		Other

ARTICLES OF ORGANIZATION FOR FY ORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		20 % A	
The name of the Limited Liability Com	pany is:	TO A C	
Corklico, LLC		TO TO	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:		720%	
The mailing address and street address of	of the principal office of the Limited Liab	ility Company is	
Principal Office Address:	Mailing Address:	P	
Principal Office Address: 32801 U.S. Highway 19 North	Mailing Address: 32801 U.S. Highway 19 North	7	

business entity with an active Florida registration.)

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

UCC Filing & Search Services, Inc.

Name

1574 Village Square Blvd., Suite 100

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

Tallahassee, FL 32309

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

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

"MGR" = Manager	Name and Address:	
"MGRM" = Manag	ing Member	
MGR	William Planes	
	32801 U.S. Highway 19 North	
	Palm Harbor, FL 34684	
		
		
		
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Use attachment if r	necessary)	
Use attachment if r LE V: Effective dat fective date is listed days after the date REQUIRED SIGN	e, if other than the date of filing: , the date must be specific and cannot be more than five both of filing.)	(OPTION
LE V: Effective dat fective dat fective date is listed days after the date REQUIRED SIGN	e, if other than the date of filing: , the date must be specific and cannot be more than five both of filing.)	ousiness d
LE V: Effective dat fective date is listed days after the date REQUIRED SIGN Si (In order)	e, if other than the date of filing:	ousiness d
LE V: Effective dat fective date is listed days after the date REQUIRED SIGN Si (In or	e, if other than the date of filing: I, the date must be specific and cannot be more than five by of filing.) ATURE: gnature of a member of an authorized representative of a member of accordance with section 608.408(3), Florida Statutes the execution this document constitutes an affirmation under the penalties of perjury	ousiness d

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)