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DI SECRETARY OF STATE

D. BRUCE

FEB 01 2008

**EXAMINER** 

## **COVER LETTER**

	on Section f Corporations	·	,	· ·	
SUBJECT: Artis	san Beverages LLC.				
	(Name of Limi	ted Liability Compar	ny)		<del></del>
The enclosed Articl	es of Organization and fee(s) are	submitted for filing			
Please return all cor	respondence concerning this ma	tter to the following:			
Gene W	/. Tenery				
<del>4</del>		(Name of Person)			
		(Firm/Company)		,	
142 Pin	ehurst Drive				<u> </u>
		(Address)		LA	
Braden	ton, FL 34210			HAS	
	(Ci	ty/State and Zip Code)	!	E O	<b>&gt;</b>
For further informat	ion concerning this matter, pleas	e call:		FLORI	MI:5
Gene Tener	у	at ( 941 )	752-726	0 .	51
(N	ame of Person)	(Area Code	& Daytime Tele	ephone Number)	_
Enclosed is a chec	k for the following amount:				
<b>✓</b> \$125.00 Filing Fe	ee \$\sumsymbol{\sumsymbol{\subsymbol{\sun}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	of Corporations		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Artisan Beverages LLC.  (Must end with the words "Limited Lia	bility 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:
142 Pinehurst Drive Bradenton, FL 34210	142 Pinehurst Drive Bradenton, FL 34210
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the Gene W. Tenery  Name  142 Pinehurst Drive	e registered agent are:
Bradenton, FL 342	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	and Zip  concept service of process for the above stated limited  n this certificate, I hereby accept the appointment as  ity. I further agree to comply with the provisions of all  performance of my duties, and I am familiar with and  gistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICIAE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Name and Address:	
"MGR" = Manager "MGRM" = Managi		
_		
IGRM	Gene W. Tenery	
	Handle Ha	
	bradenion, FC 34210	-
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Use attachment if n	necessary)	
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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)