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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ALVAREZ WINERY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**D. BRUCE**  
AUG 8 2008  
**EXAMINER**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

Alvarez Winery, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C.")

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11939 SW 75 St.

Miami FL, 33183

Mailing Address:

Same

ARTICLE III- Manager(s) or Managing Member(s):

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

Title

Name and Address:

MGR

Eduardo Alvarez  
11939 SW 75 Street  
Miami FL, 33183

MGRM

Eduardo C. Alvarez  
6205 SW 161 Place  
Miami FL, 33193

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:**

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

Eduardo Alvarez  
Name

11939 SW 75 Street  
Florida Street Address

Miami FL, 33183  
City, State, and Zip

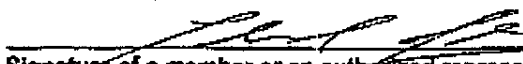
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Eduardo Alvarez  
\_\_\_\_\_  
Type or printed name of signee.

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