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B. KOHR SEP 2 4 2008

EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: Royal Manor Vinguard and Winery L.L.C. (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:
Thomas J Pasco
(Name of Person)  Royal Marior Vineyard and Winery LLC (Firm/Company)
224 ROYALAVE (Address)
TWTerladien 74 32/48 (City/State and Zip Code)
For further information concerning this matter, please call:
Thomas Thoso at (386) 9/6 8909  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \( \sum \) \$130.00 Filing Fee & \( \sum \) \$155.00 Filing Fee & \( \sum \) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ROYAL MANON VINEYARD  (Must end with the words "Limited Liab	and Winery LhC.  pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the part of th	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
224 Rayal AVE Taterlachen 74.	224 Royal AVE Toterlachen, 74 32148 8
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeres entity with an active Florida registration.)	ed Office, & Registered Agent's Signatures istered Agent. You must designate an individual or another
The name and the Florida street address of the	
Thomas J.	registered agent are:
224 Royal A	AUE Idress (P.O. Box <u>NOT</u> acceptable)
Interfacher City, State,	SFL 33/48 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)

<u>Fitle:</u> 'MGR" = Manag 'MGRM" = Man		Name and Address:
MANAG	er.	Thomas J. Pasco 224 Royal AVE INTECLATION 74 3214
N/A	_	
N/A		
NJA	_	
Use attachment  LE V: Effective fective date is listed as after the date.	date, if other than the	e date of filing: (OPTION oe specific and cannot be more than five business d
LE V: Effective fective date is lis	date, if other than the ted, the date must bate of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective fective date is lis days after the da	date, if other than the ted, the date must be ted of filing.) GNATURE:	oe specific and cannot be more than five business d
LE V: Effective fective date is lis days after the da	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a memb	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
EV: Effective ective date is lis days after the da	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a memb  (In accordance with so of this document constitute the facts stated	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury