

L 090000078006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

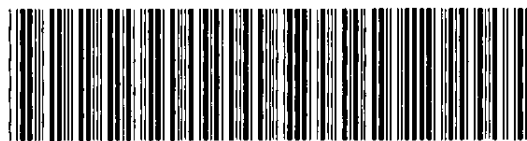
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B. KOHR

AUG 13 2009

EXAMINER



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08/13/09--01016--007 **125.00

RECEIVED
09 AUG 13 PM 1:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/15/09

B. KOHR

AUG 13 2009

EXAMINER

FILED
09 AUG 13 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RUTLEDGE, ECENIA, & PURNELL
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

EFFECTIVE DATE 8/15/09

STEPHEN A. ECENIA
RICHARD M. ELLIS
JOHN M. LOCKWOOD
MARTIN P. MCDONNELL
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GOVERNMENTAL
CONSULTANTS
JONATHAN M. COSTELLO
MARGARET A. MENDUNI

FILED
09 AUG 13 PM 3:15
TALLAHASSEE, FLORIDA

VIA HAND DELIVERY

MEMORANDUM

TO: Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FROM: Teri Choulat
Assistant to Maggie M. Schultz

DATE: August 13 2009

RE: Articles of Organization

Attached for filing are the Articles of Organization of High Spirits Distribution, LLC, along with a check in the amount of \$125 for the filing fee. Please call our office at 681-6788 when the filed Articles are ready for pickup. Thank you.

COVER LETTER

EFFECTIVE DATE 8/15/09

**TO: Registration Section
Division of Corporations**

SUBJECT: High Spirits Distribution, 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:

Maggie M. Schultz
Name of Person

Rutledge, Ecenia & Purnell, P.A.
Firm/Company

119 S. Monroe Street, Suite 202
Address

Tallahassee, Florida 32301
City/State and Zip Code

Maggie@reuphlaw.com / Neil@highspiritsdistribution.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maggie Schultz at (**850**) **681-6788**
Name of Person 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

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09 AUG 13 PM 3:15
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE 8/15/09

High Spirits Distribution, 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:

Mailing Address:

10090 Intercom Drive, Unit B12
Fort Myers, Florida 33912

12261 Country Day Circle
Fort Myers, Florida 33913

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:

Neil P. Koelemeyer

Name

12261 Country Day Circle

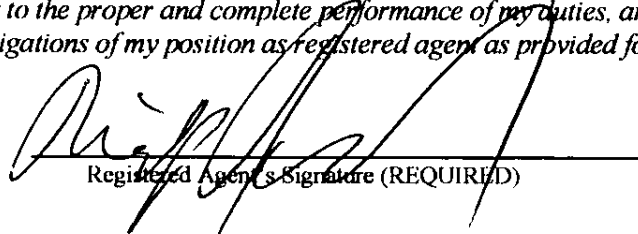
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, Florida 33913

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGRM

Carol A. Koelemeyer

12261 Country Day Circle

Fort Myers, Florida 33913

MGRM

Neil P. Koelemeyer

12261 Country Day Circle

Fort Myers, Florida 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 15, 2009 (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.)

NEIL P. KOELEMAYER

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)