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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

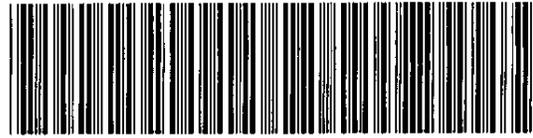
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
SEP - 2 2009  
EXAMINER

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

15th Street Cut  
Rote Liquors LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

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Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Seth 9/2 11:00

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
15TH STREET CUT RATE LIQUORS LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I – NAME**

The name of this limited liability company (hereinafter referred to as the "Company") shall be: **15TH STREET CUT RATE LIQUORS LLC**

**ARTICLE II – ADDRESS**

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

**3128 Smitter Road  
Tampa, Florida 33618**

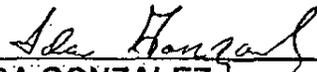
**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

**Ida Gonzalez  
3128 Smitter Road  
Tampa, Florida 33618**

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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, Florida Statutes.

  
\_\_\_\_\_  
**IDA GONZALEZ**  
Registered Agent

**ARTICLE IV – COMPANY MANAGEMENT**

This Company is to be managed by the operating manager and is, therefore, a manager-managed company. Company matters shall be decided by unanimous vote.

The initial Operating Manager shall be: **Ida Gonzalez**

**ARTICLE V- BUSINESS PURPOSE**

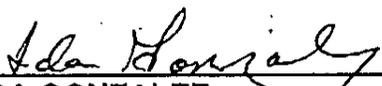
The primary business purpose of this Company is the operation of a cut rate liquor store at 3312 15<sup>th</sup> St., Tampa, FL, in addition to any other purposes permitted under Florida law.

**ARTICLE VI – EFFECTIVE DATE**

The effective date of this Company shall be the date of the filing of these articles with the Secretary of State of Florida.

In accordance with §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.

Dated: September 1, 2009.

  
\_\_\_\_\_  
IDA GONZALEZ  
Operating Manager