

L09000089356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

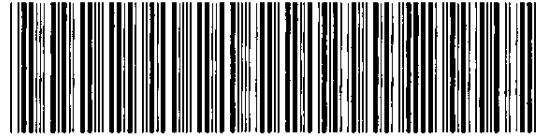
Special Instructions to Filing Officer:

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B. KOHR

SEP 16 2009

EXAMINER



400160670984

09/16/09--01019--013 **155.00

RECEIVED
09 SEP 16 AM 11:10
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 SEP 16 PM 2:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 09-16-2009

REF. #: 000409.110906

CORP. NAME: ETERNITY BEVERAGES LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531755 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
ETERNITY BEVERAGES LIMITED LIABILITY COMPANY

ARTICLE I: - Name

The name of the Limited Liability Company is **ETERNITY BEVERAGES LIMITED LIABILITY COMPANY**

ARTICLE II: - Address

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

**Daniel Jacobson, Esq.
c/o Akerman Senterfitt
One S.E. Third Avenue, 25th Floor
Miami, FL 33131**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

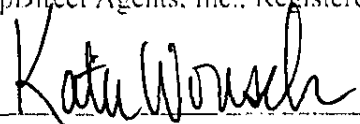
The name and the Florida street address of the registered agent are:

**CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, FL 32301**

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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.

CorpDirect Agents, Inc., Registered Agent

By: 
**Katie Wonsch
Assistant Secretary**

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.


Daniel Jacobson, Esq., Authorized Signer

(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.)

Daniel Jacobson
Typed or printed name of signee