## Division of Corporations

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To:

Division of Corporations

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From:

Account Name

: THE FLORIDA COMPANY

Account Number : I20060000001

Phone

: (608)827-5300

Fax Number

: (608)824-0405

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## FLORIDA LIMITED LIABILITY CO.

Pour Choices, LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$155.00		

APR 8 2010

**EXAMINER** 

FILED

FAX AUDIT # 4/0000785943

2010 APR -7 AM 8: 23

SECRETARY OF STATE TALLAHASSEE. FLORIDA

## ARTICLES OF ORGANIZATION OF Pour Choices, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Pour Choices, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7024 Lake Ola Drive, Mount Dora, Florida 32757.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

David Kaye, 7024 Lake Ola Drive, Mount Dora, Florida 32757

The Florida Incorporating Company, Organizer

Mark Williams, Asst. Vice President.

Authorized Representative

Prepared by Mark Williams, A.V.P., The Florida Incorporating Company, 8040 Excelsior

Dr., Suite 200, Madison, WI 53717

(608) 827-5300

FAX AUDIT # H10000785943

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SECRETARY OF STATE

## CERTIFICATE OF DESIGNATION OF REGISTERED TALLAHASSEE. FLORIDA AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Pour Choices, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Lcon.

Having been named as registered agent and to accept service of process for the above stated 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.

Mark Williams, Asst. Vice President

Date: April 7, 2010

FAX AUDIT #