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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT
	SEP -7 2010

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EXAMINER



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COVER LETTER

TO:

Registration Section

Division of C	corporations	·		
SUBJECT: B-29 B	everages, LLC			
SUBJECT: = 20 =		ted Liability Company	· ·	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	· .	
Please return all corres	pondence concerning this ma	tter to the following:	•	
Addison G. F	Fluent III CPA			
		Name of Person		
Redstone Fir	nancial, LLC			
		Firm/Company		
1399 E. Wes	tern Reserve Road			
		Address		
Poland, Ohio	44514			
	•	ty/State and Zip Code		•
agf@pwmllc.	Com E-mail address: (to be used	for future annual report notification)		-
For further information	concerning this matter, pleas	•		
Addison G. Fluent	CPA	at (330) 757-1400		
	of Person	Area Code & Daytime Telep	phone Number	
Enclosed is a check for	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Malling 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 C Tallahassee, FL 32301	írele	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

B-29 Beverages, LLC				
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Li	ability Co	i inpapy	is:
Principal Office Address:	Mailing Address:	All of the second secon	<u>-</u> ပ	Manager Co.
2624 Sea Island Drive	Redstone Financial, LLC	This is the	PH	\$ 6 }
Ft. Lauderdale, FL 33301	1399 E. Western Reserve Road	Print Care	Ņ	A
	Poland, Ohio 44514	忍為	\sim	

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

<u>Ronald E. Leyland</u>	
	Name
2624 Sea Island Dri	ve
Florida str	eet address (P.O. Box NOT acceptable)
Ft. Lauderdale	FL 33301
C	City, State, 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)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Membe	er	
		7 ₆ 8
MGRM	Ronald E. Leyland	
	2624 Sea Island Drive	<u> </u>
	Ft. Lauderdate, FL 33301	5-2- (112)
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/I Ing attack manual if a consumal	•	
(Use attachment if necessary)		
I-E-V: Effective date if other th	an-the-date of-filing:	(OPT-ION-A-I-)
	nust be specific and cannot be more tha	
days after the date of filing.)		iivo ouoziioso umjo piioi

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.)

Ronald E. Leyland 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)