

L100000 105369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

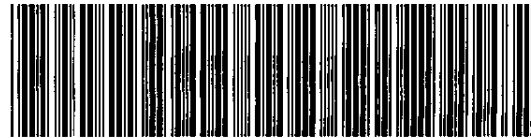
(Business Entity Name)

(Document Number)

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

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B. KOHR

OCT 11 2010

EXAMINER

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
10 OCT - 7 PM 4:55

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Access Wine Adventure Travel 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:

Paul F. Turner, Jr., Esq.

Name of Person

Johnston, Hinesley, et. al.

Firm/Company

Post Office Box 2246

Address

Dothan, Alabama 36302

City/State and Zip Code

pturner@jhfc-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul F. Turner, Jr.

Name of Person

at ( 334 ) 793-1115

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

RECEIVED  
10 OCT - 7 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
10 OCT - 7 PM 4:55  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION  
OF  
ACCESS WINE ADVENTURE TRAVEL LLC

FILED  
DIVISION OF CORPORATIONS  
10 OCT -7 PM 4:55

**ARTICLE I - Name:**

The name of the limited liability company is **Access Wine Adventure Travel LLC** (the "Company").

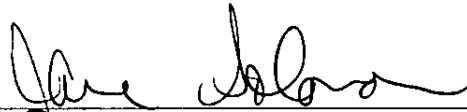
**ARTICLE II - Address:**

The mailing address of Limited Liability Company and the street address of the principal office of the Limited Liability Company is **2701 E. Highway 30A, Santa Rosa Beach, Florida 32459.**

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

The name and the Florida street address of the registered agent is Jane Solomon, 2709 E. Highway 30A, Santa Rosa Beach, Florida 32459.

*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 provided for in Chapter 608 of the Florida Statutes.*

  
\_\_\_\_\_  
Signature of Registered Agent

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

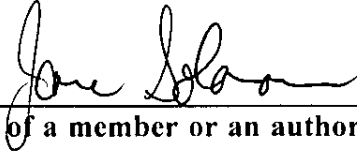
"MGR"= Manager

"MGRM" = Managing Member

Marie Solomon (MGRM)

E. 2701 Highway 30A  
Santa Rosa Beach, Florida 32459

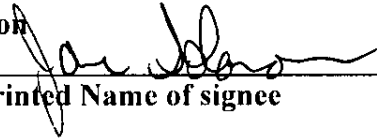
**REQUIRED SIGNATURE:**

A handwritten signature in cursive script, appearing to read "Jane Solomon", written over a horizontal line.

**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.)

**Jane Solomon**

A handwritten signature in cursive script, appearing to read "Jane Solomon", written over a horizontal line.

**Typed or Printed Name of signee**