

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : LOUIS N. SCHOLNIK, P.A.
 Account Number : I20010000132
 Phone : (954) 771-4790
 Fax Number : (954) 364-4351

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FLORIDA LIMITED LIABILITY CO.
WINE & SEA ADVENTURES, LLC

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

Electronic Filing Menu Corporate Filing Menu

A. LUNT

JAN 20 2010

He EXAMINER

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**ARTICLES OF ORGANIZATION
OF
WINE & SEA ADVENTURES, LLC**

ARTICLE I

The name of this limited liability company shall be **WINE & SEA ADVENTURES, LLC.**

ARTICLE II

The period of duration shall be perpetual.

ARTICLE III

This limited liability company is organized for the purpose of conducting any activity permitted under the laws of the State of Florida.

ARTICLE IV

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be **3501 Keyser Ave., Unit 27, Hollywood, FL 33021**. The initial registered agent shall be **Nanci Brooks Scholnik**, located at **3501 Keyser Ave., Unit 27, Hollywood, FL 33021**.

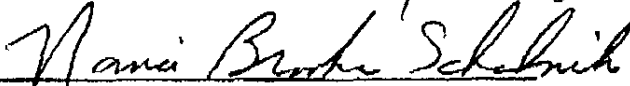
ARTICLE V

This limited liability company has at least one (1) member. The right, if given, of the member(s) to admit additional members and the terms and conditions of the admissions shall be as provided in the Regulations of the limited liability company.

ARTICLE VI

This limited liability company shall be managed and operated by the member(s) of the limited liability company as the manager(s) thereof. The member of the limited liability company is: **Nanci Brooks Scholnik**.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on the 19th day of January, 2011.


Member/Manager

[Notarization on following page]

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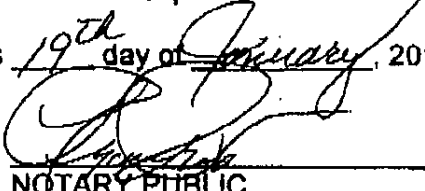
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STATE OF FLORIDA }
COUNTY OF BROWARD }

BEFORE ME, personally appeared **NANCI BROOKS SCHOLNIK**, to me well known and known to me to be the person described in, and who acknowledged to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 19th day of January, 2011.



NOTARY PUBLIC

My Commission Expires:

(Notarial Seal)



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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHO PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT **WINE & SEA ADVENTURES, LLC**, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF HOLLYWOOD, COUNTY OF BROWARD, STATE OF FLORIDA, HAS NAMED **NANCI BROOKS SCHOLNIK**, LOCATED AT 3501 KEYSER AVE., UNIT 27, HOLLYWOOD, FL 33021, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

NANCI BROOKS SCHOLNIK

SIGNATURE: *Nanci Brooks Scholnik*

DATE: 1/19/11

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TALLAHASSEE, FLORIDA

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