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To:

Division of Corporations

Fax Number : (850)617-6383

Effective Date 10-18-11

from:

Account Name : FASTKIT CORP

Account Number : 120100000009

: (305)599-0839

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\*\*Enter the email address for this business entity to be used for fulling annual report mailings. Enter only one email address please.\*

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OCT 18

# FLORIDA LIMITED LIABILITY CO. DECANT VINO, LLC

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

J. SAULSBERRY **EXAMINER** 

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OCT 19 2011

#### **ARTICLE I- Name:**

The name of the Limited Liability Company is:

### **DECANT VINO,LLC**

#### Article II-Address:

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

**Principal Office Adress:** 

Mailing Address:

4039 STONEFIELD DRIVE, ORLANDO FL 32826

SAME

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:

#### FIDEL MANUEL PALENZUELA, 4039 STONEFIELD DRIVE, ORLANDO FL 32826

Having been named as registered agent and to accept services 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 statues 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)

(continue)

2011 OCT 18 AM 8:

## ARTICLE IV-Manager(s) or Managing Member(s)

TITLE:	Name and Address
MGR= Manager	FIDEL MANUEL PALENZUELA
	4039 STONEFIELD DRIVE
	ORLANDO FL, 32826.
MGR	ZOLI OCT 18 AM 8: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA
filing,October,18 <sup>th</sup> ,2011.( days after this document is fi	e, if other than the date of The effective date:1) cannot be prior to not more than 90 led by the Florida Department if State; AND 2) must be the ted in the attached Certificate of Conversion, if an effective
REQUIRED SIGNATURE:	

SIGNATURE OF THE MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

Kidel Minuel Polenguelo

(in accordance with section 608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that that the facts stated herein are true.)

Fidel Manuel Palenzuela\_\_\_ Type or printer name of signee.