

L11000119664

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000252150 3))



H110002521503ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : HUAQO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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

Email Address: clarylinwood28@bellsouth.net

FLORIDA LIMITED LIABILITY CO.
Tease Me Spirits LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
11 OCT 19 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 OCT 19 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 20 2011

EXAMINER

H11000252150

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Tease Me Spirits LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

15169 133 Terrace North

15169 133 Terrace North

Jupiter, FL 33478

Jupiter, FL 33478

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

The name and Florida street address of the registered agent are:

Daryl Inwood

Name

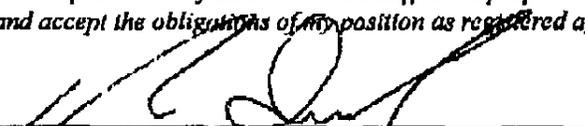
15169 133 Terrace North

(P.O. Box or Mail Drop Box NOT Acceptable)

Jupiter, FL 33478

(City / State / 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 - Daryl Inwood

FILED
2011 OCT 19 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000252150

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

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

Title:

"MGR" - Manager

"MGRM" - Managing Member

Name and Address:

MGRM

Daryl Inwood - 15169 133 Terrace North, Jupiter, FL 33478

MGRM

Tammy Barra - 155 Yacht Club Drive, North Palm Beach, FL 33408

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Daryl Inwood

Typed or printed name of signer

FILED
2011 OCT 19 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA