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Certified Copies	Certificates	of Status
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B. BOSTICK FEB 11 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Cork Wine On Line

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:

Gwen J	l Baines						
	· · · · · · · · · · · · · · · · · · ·	Name of Person					_
		Finn/Company					
8511 S	aint Marino						
		Address					_
Orlando	o, FL 32836						_
	•	y/State and Zip Co	de		A _S	13	
gwen_bai	nes@hotmail.com E-mail address: (to be used to		mant matitions	iom)	<u> </u>	3 E	2.00-2
For further information	concerning this matter, please		pori nouricai	.1011)	HASSE	89 -	
Gwen Bair	nes	407	ຸ 451	9537		AH II: 48	-
Name	of Person	Area Co		e Telephone Nu	mber D	81:	
Enclosed is a check f	or the following amount:						
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified C (additional co	Сору	Certif al) Certif	00 Filing facte of Second Copy on the copy is	tatus é	
	Mailing Address Registration Section		Courier Ad				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cork Wine On Line LLC			
(Mus	st end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add			
The mailing address	s and street address of the pr	incipal office of the Limited Li	ability Company is:
Principal Office A	ddress:	Mailing Address:	
8511 Saint Marino		PO Box 1269	
Orlando		Gotha FL 34734-1269	
FL 32836			
(The Limited Liability Con	egistered Agent, Registered impany cannot serve as its own Regist ctive Florida registration.)	Office, & Registered Agent's ered Agent. You must designate an individual of the control of the	s Signature: idual or another
The same and the T	1		
The name and the F	lorida street address of the r	egistered agent are:	13 SE
The name and the F	lorida street address of the r	egistered agent are:	13 FEI
The name and the F		egistered agent are:	13 FEB -
The name and the F	Alan B Taylor & Associates Name		-8 F
The name and the F	Alan B Taylor & Associates Name 4700 Millenia Boulevard, Suite 260)	-8 F
The name and the F	Alan B Taylor & Associates Name 4700 Millenia Boulevard, Suite 260 Florida street add		-8 F
The name and the F	Alan B Taylor & Associates Name 4700 Millenia Boulevard, Suite 260)	-8 F
The name and the F	Alan B Taylor & Associates Name 4700 Millenia Boulevard, Suite 260 Florida street add Orlando, FL 32839	tress (P.O. Box <u>NOT</u> acceptable)	SS &

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
WORW - Wanaging Member	
MGRM	Gwen J Baines
	8511 Saint Marino
	Orlando, FL 32836
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(Use attachment if necessary)	>
LE V: Effective date, if other than th	ne date of filing: (OPTION
	st be specific and cannot be more than five busin
ffective date is listed, the date mu-	
ffective date is listed, the date must or 90 days after the date of filing.)	
or 90 days after the date of filing.)	
or 90 days after the date of filing.) REQUIRED SIGNATURE:	Danes
or 90 days after the date of filing.) REQUIRED SIGNATURE:	
or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	Danes
or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	Der or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State

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)