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J. Salvers MOV 20 2013

## **COVER LETTER**

TO: Registration Section **Division of Corporations** ational The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Travis Minied

Name of Person

National Rum Distillers LLC

Firm/Company 1301 Miani Road Unit A E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 632 - 0022 Area Code & Daytime Telephone Number Travis Minica Enclosed is a check for the following amount: \$160.00 Filing Fee. □\$155.00 Filing Fee & **□\$125.00** Filing Fee □\$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

**Mailing Address** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Waterowal Rum Drs filler (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1301 Mami Road Unit A Fort Landerdale, FC 33316	Same as office
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	No.
Nicole Warshous	<b>er</b>
1301 Miami Roce Florida street add	d Unit A
Fort, Louderdale City, Sta	ress (P.O. Box NOT acceptable)  FL 33.3/6  Ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capaci	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with

(CONTINUED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Travis Minica 1301 Miami Rd Unit A Fort Lauderdale, FL 33316
MGR	Nicole Warshaver 1301 Miami Rd Unit A Fort Lauderdale, FL 33316
(Use attachment if necessary)	than the date of filing: $\frac{U//3/2013}{}$ . (OPTION ate must be specific and cannot be more than five busin
effective date is listed, the da	
effective date is listed, the da o or 90 days after the date of	ining.)
effective date is listed, the da	

MINICA Typed or printed name of signee

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)