## L13000174288

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(850) 245-6051.

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJI	Fr. Flyin	g Fish Distillir	ng LLC		
			ed Liability Compa	ıny	
The en	closed Articles of	f Organization and fee(s) are s	submitted for filing	;·	
Please	return all corresp	ondence concerning this matt	er to the following:	:	
	Ryan C	omparato			
			Name of Person		
	Flying F	ish Distilling			
	4040 D	: D D!	Firm/Company		
	1316 B	erri Patch Pla	Ce #6		
			Address		
	····	Cit	y/State and Zip Code	<b>:</b>	
	Melbourne	e, FL 32935	•		
Fa. 6	4h a - i - fa 4i a	E-mail address: (to be used f	•	ort notification)	
	_	concerning this matter, please		242.20	) E E
Ry	an Com	parato of Person	_at ( <u>321</u>	(242-20) & Daytime Telep	
	TVIII O	07 1 073011	Alea Code	a Baytine Telep	none (value)
Enclo	sed is a check for	or the following amount:			
<b>⊒\$</b> 125.	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations uilding centive Center C see, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
Flying Fish Distilling LLC	
	ited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
1316 Berri Patch Place Suite 6	1316 Berri Patch Place Suite 6
Melboume, FL 32935	Melbourne, FL 32935
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
Ryan Comparato	te n

Ryan Comparato
Name

1316 Berri Patch Place Suite 6

Florida street address (P.O. Box NOT acceptable)

Melbourne, FL 32935 FL

City, State, and 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 (REQUIRED)

(CONTINUED)

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGMR	Ryan Comparato
	1316 Berri Patch Place Suite 6
	Melbourne, FL 32935
	<del>- Martines</del>
(Use attachment if necessary)	
effective date is listed, the date mu	he date of filing: (OPTIONAL)  ust be specific and cannot be more than five business da
CLE V: Effective date, if other than the	ist be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date mu	ist be specific and cannot be more than five business da
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CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)	ist be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)	ist be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	ist be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the effective date is listed, the date of filing.)	ber or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must our 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a membe	ber or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a manual transfer of a member of	ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true.  In the penalties of perjury that the Department of State of the penalties of perjury that the facts stated herein are true.

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)