

213000177665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

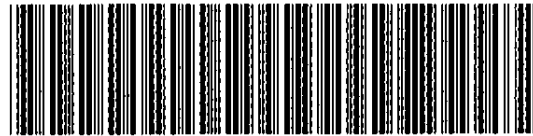
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000255014120

RECEIVED
DEPARTMENT OF STATE
BUREAU OF REGISTRATION
2013 DEC 27 PM 4:14
TO ALL AGENTS
SUFFICIENCY OF FILING

FILED
2013 DEC 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 12/26/13

DEC 30 2013

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/27/13

NAME: RENAISSANCE WINE SERVICES, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

FILED
2013 DEC 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE-FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Renaissance Wine Services, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

932 Spanish Moss Trail

Naples, FL 34108

Mailing Address:

932 Spanish Moss Trail

Naples, FL 34108

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:

Frank J. Coltroneo

Name

932 Spanish Moss Trail

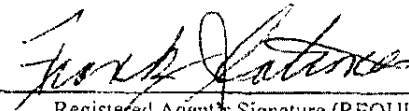
Florida street address (P.O. Box NOT acceptable)

Naples, FL 34108

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..

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 12/26/13

FILED
2013 DEC 27 AM 10:20
CLERK OF STATE
TALLAHASSEE FLORIDA

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

Frank J. Cotroneo

932 Spanish Moss Trail


Naples, FL 34108

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/26/13 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X 

Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Frank J. Cotroneo

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)

FILED
2013 DEC 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA