

#14000045275

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.

(((H14000065210 3)))



H140000652103ABCT

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 : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FILED  
2014 MAR 18 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

RECEIVED  
14 MAR 18 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
VINO PLUS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

71905

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY  
EXAMINER  
MAR 19 2014

COVER LETTER

414000065210

TO: Registration Section  
Division of Corporations

SUBJECT: Vino Plus, LLC  
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:

Max D. Perez  
Name of Person

Vino Plus, LLC  
Firm/Company

4244 West 16th Avenue  
Address

Hialeah, FL 33012  
City/State and Zip Code

maxd721@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max D. Perez at ( 305 ) 632-7353  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

015900007414

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vino Plus, 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:

4244 West 16th Avenue  
Hialeah, FL 33012

Mailing Address:

4244 West 16th Avenue  
Hialeah, FL 33012

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:

Max D. Perez

Name

4244 West 16th Avenue

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

Hialeah

City

FL 33012

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 605, F.S.

Max D. Perez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
2014 MAR 18 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

114000065210

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

Name and Address:

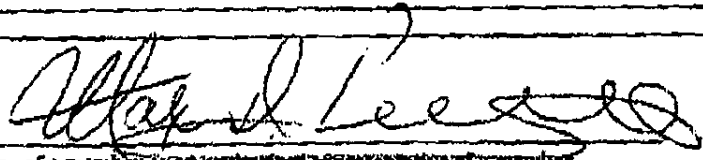
Max D. Perez  
4244 West 16th Avenue  
Hialeah, FL 33012

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Max D. Perez  
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 39.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

114000065210