## L14000055484

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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	9)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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SECRETARE OF STATE
AND ANASSES OF STATE

APR 04 2014 S. YOUNG



## **COVER LETTER**

TO:	Registration Section	*	100
	Division of Corporations		产药 *
			五部 電 田
SUBJE	CCT: DeVine Wine & Grill, LLC		TILED BY AND REPORT OF THE PROPERTY OF THE PRO
50201		imited Liability Company	原型 · 河
			19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
emi		1 1 2 2	200
The en	closed Articles of Organization and fee(s)	are submitted for filing.	短当 访
Please	return all correspondence concerning this	matter to the following:	2 m = -
		·	
	Michael DiAlexander		
	WICHAEL DIAIOXALIGE	Name of Person	<del> </del>
	•	Name of Person	
	DeVine Wine & Grill, LLC		
		Firm/Company	
	7660 University Blvd		
•		Address	
	Winter Park, Fl 32792		
		City/State and Zip Code	
m	kconcepts954@gmail.com		
		ed for future annual report notifica	ation)
		•	•
For fur	ther information concerning this matter, pl	ease call:	•
Micha	el DiAlexander at (	954 ) 448-4850	
	Name of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check for the following amount:		
Tales of o		Dates on Elling English	Desce on Pitter For
\$125.0	0 Filing Fee \$\square\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
	·	(additional copy is enclosed)	Certified Copy
		1,	(additional copy is enclosed)
	Mailing Address	Street/Courier Add	race
	Registration Section	Registration Section	1 635
	Division of Corporations	Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ià ia:	
ords "Limited Liability Company, "L.L.	.C.," or "LLC.")
he principal office of the Limited Liabil	lity Company ia:
Mailing Address:	
DeVine Wine & Grill	LC
7660 University Blin Winter Park, Fi 3270	
terud Offica, & Registered Agent's Sh rve as its own Registered Agent, You m ida registration.)	gnature: Aist designate an individual or
the registered agent are:	
awfirm P.A.	
Name	· · · · · · · · · · · · · · · · · · ·
ye. Suite 1220	
ress (P.O. Box <u>NOT</u> ecceptable)	
PL 32801	
Ny Zip	
nd to accept service of process for the abo I hereby against the appointment as region	tered agent and soree to act in this
me provincing of all statutes relating to the Laboration abiliantians of our position as	re proper and complete performanc revisional agent at montal for in
Chapter. 605, F.S.	
<del>W/</del>	
Agent's Signature (REQUIRED)	
(CONTINUED)	•
	Mailing Address:  DeVine Wine & Grill  7680 University Bird Winter Park, Fi 327/  leved Office, & Registered Agent's Sit rve as its own Registered Agent, You m ide registered agent are:  A A Firm P. A.  Name  ve. Suite 1220  ress (P.O. Box NOT acceptable)  pt. 32801  The provisions of all statutes relating to the approvision as a compresse obligations of my position as  Chapter 603, P.S.

FILED

SECRETARY OF STATE
SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	MK Concepts II, LLC
	7660 University Blvd Winter Park, Fl 32792
	Winter Fart, 11 027 02
	JK Prestige, LLC
	Orlando FI 32829
	Daynay entertainment, LLC
	2840 OAK SHORE RO
	Oviedo, F1 32766
Use attachment if necessary)	
ctive date is listed, the date must be s f filing.)	ate of filing: 4/2/2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s f filing.)	ate of filing: 4/2/2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the dective date is listed, the date must be a filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ate of filing: 4/2/2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be a filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be a filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of any.  (In accordance with section)	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document
Citive date is listed, the date must be stilling.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of any (In accordance with section constitutes an affirmation under the section constitutes and affirmation constitu	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true.
Citive date is listed, the date must be stilling.)  EVI: Other provisions, if any.  Signature of all (In accordance with section constitutes an affirmation un I am aware that any false inf	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document
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Signature of an accordance with section constitutes an affirmation un I am aware that any false inf constitutes a third degree fel Michael DiAle  \$125.00 Filing Fee for Articles of C	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State iony as provided for in s.817.155, F.S.)  exander  Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent
Signature of all (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fel Michael DiAle  \$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional)	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State in sony as provided for in s.817.155, F.S.)  Exander  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent
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