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COVER LETTER

	ation Section n of Corporations		
SUBJECT:		mi Spirits, LLC nited Liability Company	
The enclosed Art	ticles of Organization and fee(s) as	re submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
<u>Josl</u>	nua D. Margolis, Esq.		
		Name of Person	
		Firm/Company	
<u>401</u>	E. Las Olas Blvd., Suite 1650	Address	
Fort	Lauderdale, FL 33301		
<u> </u>		City/State and Zip Code	
<u>imargolis@</u>	patnat.com E-mail address: (to be use	d for future annual report notifica	ation)
For further inform	mation concerning this matter, plea	ase call:	
Joshua D. Mar	golis at (954) 670-2954 Area Code Daytime Te	lephone Number
Enclosed is a che	eck for the following amount:		
l \$125.00 Filing F	_	□\$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	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section 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

ARTICLE 1 - Name:				
The name of the Limited Liability Company is:				
Miami Spirits, LLC	itti o atton atton			
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ADTICLE II Address				
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:			
The maining address and street address of the principal off	ce of the Emmed Elability Company is.			
Principal Office Address:	Mailing Address:			
The part of the Practical Control of the Pract				
c/o Joshua D. Margolis, Esq.	c/o Joshua D. Margolis, Esq.			
401 E. Las Olas Blvd., Suite 1650	401 E. Las Olas Blvd., Suite 1650			
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301			
ARTICLE III - Registered Agent, Registered Office, &				
(The Limited Liability Company cannot serve as its own R		idividual	or	
another business entity with an active Florida registration.)			
The state of the s				
The name and the Florida street address of the registered a	gent are:			
Joshua D. Margolis, Esg.				
Joshua D. Margolis, Esq. Name				
Raine				
401 E. Las Olas Blvd., Suite 16	50			
Florida street address (P.O. Box N				
	— : /			
Fort Lauderdale	FL 33301			
City	Zip			
·				
Having been named as registered agent and to accept servi				
the place designated in this certificate, I hereby accept t				
capacity. I further agree to comply with the provisions of				
of my duties, and I am familiar with and accept the oblig		s provide	d for in	?
Chapter	r 605, F.S.,	≥00		
		두쫭	+	
		1000年	90	موري ا
Registered Agent's Signatu	re (PEOLIPED)	李慧	—	ີ່ຜ
— Registered Agent's Signatu	ic (ice conteb)	SS	$\frac{1}{2}$	Carried and
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Page 1 of 2		22.22	∾	أخدد
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		35		

Fitle:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Gina A. Cabrera
	c/o Joshua D, Margolis 401 E, Las Olas Blvd.
	Suite 1650, Ft. Lauderdale, FL 33301
AMBR	Heather E. Lawlor
	c/o Joshua D. Margolis 401 E. Las Olas Blvd.
	Suite 1650, Ft. Lauderdale, FL 33301
 	
V: Effective date, if other than the detive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
f filing.) E VI: Other provisions, if any.	
CV: Effective date, if other than the detive date is listed, the date must be filling.)	
CV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any.	
CV: Effective date, if other than the derive date is listed, the date must be filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·
CV: Effective date, if other than the derive date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE:	member or an authorized representative of a member.
CV: Effective date, if other than the detive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member.
CV: Effective date, if other than the derive date is listed, the date must be filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation with section constitutes and affirmation with section constitutes an affirmation with section constitutes and affirmation with the constitutes and affirmation with the constitutes and affirmation with the co	member or an authorized representative of a member.
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