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(Red	questor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: DRGANTO WINE CELLANS Limeted Lability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wicky Keete Oschnow-Ashinson
/ Name of Ferson
Firm/Company
450 N.E. 142 ST
Address
MiAnie 7/
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at (904-) 888-2577 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{c} \Bigcup \\$130.00 Filing Fee & \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	5 1
ORGANTC WINE CELLARS LIC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	- 6 PH
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	では
Mailing Address: Mickel Office Address: Mickel Office Address: Mickel Office Address: Mailing Address: 14542 (Nevry Loke)	DR W. TACKSON — A.
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 ind another business entity with an active Florida registration.)	ividual or
The name and the Florida street address of the registered agent are: (1) clayed feets bach was fobius Name	
Florida street address (P.O. Box NOT acceptable)	
M, AAu FL $7/33/6/$ City Zip	
Having been named as registered agent and to accept service of process for the above stated limited lia the place designated in this certificate, I hereby accept the appointment as registered agent and agre capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as Chapter 605, F.S.	ee to act in this lete performance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" ≈ Manager	Name and Address:	
Pres. Levt	Michael Beet bachman ROb, 14542 Charry Loff DRW Jack-Ogg Vile 7/32288	iWSO K
(Use attachment if necessary)	MIGUEL DE SE 14543 Cherry polle DE W TACKSONY/IL F/ 3225)	
an effective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90	days afte
an effective date is listed, the date must be spe date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90	days afte
in effective date is listed, the date must be spedate of filing.)	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 90	days afte
REQUIRED SIGNATURE: (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	days afte
n effective date is listed, the date must be spedate of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) Typed or printed name of signee	
REQUIRED SIGNATURE: (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	

ARTICLE IV-