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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

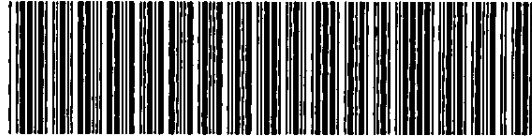
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TALLAHASSEE, FLORIDA

16 FEB 16 2015

RONALD S. WEBSTER

COUNSELOR AT LAW

TELEPHONE: (239) 394-8999
FACSIMILE: (239) 394-3511

979 NORTH COLLIER BLVD.
MARCO ISLAND, FLORIDA, 34145

E-MAIL: ron@ronwebster.com
INFO: www.ronwebster.com

February 3, 2015

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

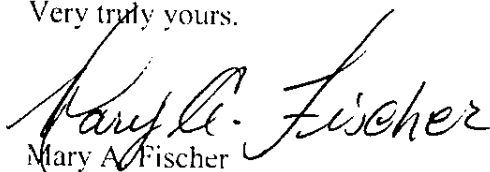
RE: INSTITUTE OF MIXOLOGY, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization together with a copy in regard to the above-mentioned Limited Liability Company. Also enclosed is a check in the sum of \$125.00.

Should you have any questions relative to this matter, please do not hesitate to contact this office.

Very truly yours,



Mary A. Fischer
Legal Assistant

MAA
enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSTITUTE OF MIXOLOGY 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:

JOHN T. LIVERANI
Name of Person

c/o RONALD S. WEBSTER, PH
Firm/Company

800 N. COLLIER BLVD. # 203
Address

MARCO ISLAND, FL. 34145
City/State and Zip Code

WAHOO1@CENTURYLINK.NET
E-mail address: (to be used for future annual-report notification)

For further information concerning this matter, please call:

JOHN T. LIVERANI at (239) 394-0389
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

ARTICLES OF ORGANIZATION FOR
INSTITUTE OF MIXOLOGY, L.L.C.
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is INSTITUTE OF MIXOLOGY, L.L.C.

ARTICLE II

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE III

The street address and the mailing address of the Limited Liability Company is 86 Kirkwood Street, Marco Island, FL 34145.

ARTICLE IV

The street address of the initial registered office of this Limited Liability Company is 800 N. Collier Blvd., #203, Marco Island, FL 34145 and the name of initial Resident Agent is Ronald S. Webster.

ARTICLE V

Additional members may be admitted and the terms and conditions of the admissions shall be that each member consents in writing to the admission of the additional member.

ARTICLE VI

The remaining members of the limited liability company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company upon unanimous consent of the remaining members.

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ARTICLE VII

The Limited Liability Company is to be managed by a managing member. The name and address of the member who will serve as said manager is:

JOHN T. LIVERANI
86 Kirkwood Street
Marco Island, FL 34145


JOHN T. LIVERANI
Managing Member

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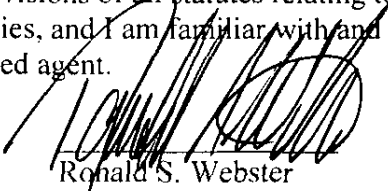
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0902, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: INSTITUTE OF MIXOLOGY, L.L.C.
2. The name and address of the registered agent and office is

Ronald S. Webster
800 N. Collier Blvd., #203
Marco Island, FL 34145

Having been named as the registered agent and to accept service of process for the
above stated limited liability Company at the place designated in the 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.


Ronald S. Webster
Registered Agent

Date: 2/1/15

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