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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AUTUMN LAKES WINERY, LLC

Signature \_\_\_\_\_

Requested by: BA

8/10/16

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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# **ARTICLES OF ORGANIZATION**

## **FOR**

### **Autumn Lakes Winery, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

#### **ARTICLE I: NAME**

The name of the company is **Autumn Lakes Winery, LLC**

#### **ARTICLE II: PRINCIPAL OFFICE**

The principal office of the company is **11632 Zimmerman Road, Port Richey, Florida 34468**

### **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Gary Crum, 11632 Zimmerman Road, Port Richey, Florida 34668**

### **ARTICLE IV: MANAGERS AND AUTHORIZED MEMBERS**

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

**Gary Crum, Manager, 11632 Zimmerman Road, Port Richey, Florida 34668**  
**Connie Crum, Authorized Member, 11632 Zimmerman Road, Port Richey, Florida 34668**

**The undersigned has executed these Articles of Organization for filing purposes this 10th day of August 2016.**

*/S/ Gary Crum*

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**Gary Crum**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: *Autumn Lakes Winery, LLC*

2. The name and address of the registered agent and office is:

Gary Crum

11632 Zimmerman Road, Port Richey, FL 34668

**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.**

  
\_\_\_\_\_  
Gary Crum

**Signature of Registered Agent**

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