

**L17000103419**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
BLUEWINE DISTRIBUTORS, LLC**

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| Certificate of Status | 1        |
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:** The name of the Limited Liability Company is:**Bluewine Distributors, LLC****ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**19495 Biscayne Blvd #403  
Aventura, FL 33180**Mailing Address:**19495 Biscayne Blvd #403  
Aventura, FL 33180**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered replace agent are replaced:

**Daniel Gil Fraga**19495 Biscayne Blvd #403  
Aventura, FL 33180

*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.*

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**Registered Agent's Signature**(CONTINUED)  
Page 1 of 2

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

MGR

**Daniel Gil Fraga**

MGR

**Richard Jose Toledano**

MGR

**Juan Francisco Gil**

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
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**Signature of a member or an authorized  
representative of a member.**

(In accordance with section 605.0203(1)(b), Florida  
Statutes, the execution of this document constitutes an  
affirmation under the penalties of perjury that the facts  
stated herein are true.)

**Daniel Gil Fraga**

**Typed or printed name of signee**

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