To: Page 2 of 4

11/29/2 of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000339429 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

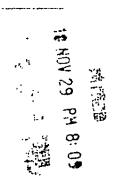
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

6650 Beverage, LLC

F-14-7-10-10-7-10-17-10-10-10-10-10-10-10-10-10-10-10-10-10-
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03
\$155.00



Electronic Filing Menu

Corporate Filing Menu

Help

•	%¹
AKTICLES OF ORGANIZATION FOR FLORI	DA LIMITED LIABILITY COMPANY
ARTICLE I'- Name:	•
The name of the Limited Linbility Company is:	·
6650 Beverage, LLC	na dia mpikangan manakangan kana dan dan dan dan dan dan dan dan dan
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	f the Limited Liability Company is:
Bulletin - 1 Office Address	NA. TO A SALE
Principal Office Address:	Mailing Address:
1140 Reservoir Avenue	Same
Cranston, Rhode Island 02920	
ARTICLE III - Registered Agent, Registered Office, & Reg	istered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	ered Agent. You must designate an individual or
another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	prp.
The hand and the Florida successful the registered agent	2.0.
C T Corporation System	
Name	C

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.,

Florida street address (P.O. Box NOT acceptable)

State

1200 South Pine Island Road

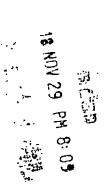
City

Plantation

Zip

Mark Holloway, Asst. Secretary
Rogistered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Elizabeth A. Procescoanti 1140 Reservoir Avenue
	A DESCRIPTION OF THE PROPERTY
	Cranston, Rhode Island 02920
	Ad I also be seen and services hard for the service of the service

(Use attachment if necessary)	
A WITCHE V. Effective date if other than the date	of filing: (OPTIONAL)
If an effective date is listed, the date must be sp	secific and cannot be more than five business days prior to or 90 days after
the date of Ming.)	
Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department	of State's records.
ARTICLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree telony as provided for in s.817.155, F.S.

Matrisha to Rugar C Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)