

**L20000343388**  
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Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mike@staugustinedistillery.com

**FLORIDA LIMITED LIABILITY CO.**

**St. Augustine Distillery Holdings, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**The name of the Limited Liability Company is: **ST. AUGUSTINE DISTILLERY HOLDINGS, LLC****ARTICLE II - Address:**

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

**Principal Office Address:**112 Iberia Street  
St. Augustine, Florida 32084**Mailing Address:**PO Box 69  
St. Augustine, Florida 32085**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

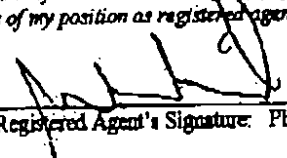
Philip A. McDaniel

Name

112 Iberia StreetFlorida street address (P.O. Box NOT acceptable)St. Augustine, Florida 32084

City, State, and Zip

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.

  
 Registered Agent's Signature: Philip A. McDaniel
**Article IV - Management:**

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

**Title:****Name and Address:**

Manager

Philip A. McDaniel  
7 Milton Street  
St. Augustine, Florida 32084

Manager

Michael K. Diaz  
1490 Selva Marina Drive  
Atlantic Beach, Florida 32233David J. Ottinger, Esq. Authorized Representative

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David J. Ottinger, Esq.

Typed or printed name of signer

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