L20000343385
L20000343368

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H20000387802 3)))

H200003878023ABC/

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 : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

2020 NOV -9 PM 1:18

FLORIDA LIMITED LIABILITY CO.
St. Augustine Distillery Holdings, LLC

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

Electronic Filing Menu Corporate Filing Menu Help

(((H20000387802 3)))

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:	Mailing Address:
112 Riberia Street St. Augustine, Florida 32084	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 Riberia Street
Florida 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 1690 Selva Marina Drive Atlantic Beach, Florida 32233

David 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 signee

8427048865 v1