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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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.  
GIN RUNNERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2020 DEC 15 PM 1:48

J DENNIS  
DEC 16 2020

ARTICLES OF ORGANIZATION  
OF  
GIN RUNNERS, LLC  
(a Florida limited liability company)

2012 DEC 15 PM 4:12

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gin Runners, LLC

ARTICLE II - Address:

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

1340 S. Dixie Highway  
Suite 612  
Coral Gables, FL 33146

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The Registered Agent and Registered Office for service of process is as follows:

Name: Brent M. Reynolds  
Address: c/o NR International Investments, LLC  
1340 S. Dixie Highway, Suite 612  
Coral Gables, FL 33146

*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.*

/s/ Brent M. Reynolds  
Registered Agent

ARTICLE IV –

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	Design Development, LLC 1340 S. Dixie Highway Suite 612 Coral Gables, FL 33146

SIGNATURE:

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 felony as provided in s.817.155, F.S.

/S/ Tara McManus  
Tara McManus, Authorized Representative