9/9/2021

Division of Corporations

Florida Department of State Note: Please print this page and use it as a cover

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 122000000145 Phone

: (305)444-4994

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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:___

FLORIDA LIMITED LIABILITY-CO. --WINE STORIES TRADING COMPANY LLC

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

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WINE STORIES TRADING COMPANY LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "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:
1228 WEST AVE	
APT 603	SAME
MIAMI BEACH, FL 33139	

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered 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 are:

	Name	
255 EAST FLAGLI	ER STREET SUITE	i01
Florida street addre	ss (P.O. Box <u>NOT</u> ac	(coptable)
	.er	33131
MIAMI	FL.	16151

Having been named as registered agent and to accept survice 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 standes relating of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my psyction as registered agent by provided for the Chapter 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" - Authorized Member "MGR" = Manager	Name and Address:
AMBR	JOHN CAMACHO VIDAL 1228 WEST AVENUE APT 603 MIAMI BEACH, FL 33139
J	
(Use anachment if necessary)	
effective date is listed, the date must be stee of filing.)	tte of filing:
CLE 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 felony as provided for in \$.817.155, F.S.

JOHN CAMACHO VIDAL

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)

\$ 5.00 Certificate of Status (Optional)