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(Req	uestor's Name)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY} \ \textbf{,}$

NEWCO Wine Impo	rts LLC			
(Must co	ontain the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and stree	t address of the principal offi	ice of the Limited	Liability Company is:	
Princ	Principal Office Address:		Mailing Address:	
	3740 Goodwater Street		Goodwater Street	
3740 Goodwater Stre	:ભા	2770	Mount Pleasant, SC 29466	
Mount Pleasant, SC: RTICLE III - Registered A The Limited Liability Compa	agent, Registered Office, & ny cannot serve as its own R n active Florida registration.	Registered Agent.	nt Pleasant, SC 29466	
Mount Pleasant, SC:	agent, Registered Office, & ny cannot serve as its own R n active Florida registration.	Registered Agent.	nt Pleasant, SC 29466 nt's Signature:	
Mount Pleasant, SC: RTICLE III - Registered A The Limited Liability Companiother business entity with a	agent, Registered Office, & ny cannot serve as its own R n active Florida registration. et address of the registered a	Registered Age Registered Agent.	nt Pleasant, SC 29466 nt's Signature:	
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16 H p fi ıd 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 (REQUAED)

(CONTINUED)

ARTICLE IV-

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

<u>[itle:</u> ANGR# = Authorized Morel	Name and Address:
AMBR" = Authorized Mem	Dei
MGR" = Manager	
Manager	David Durden
	3740 Goodwater Street
	Mount Pleasant, SC 29466
Jse attachment if necessary)	
Jac attachment in necessary)	
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COVER LETTER

TO:	New Filing Sec Division of Co					
	NEWCO V	Vine Imports LLC				
SUBJ	ECT:	N. S.		Line Commons		-
		Name of Lin	nitea Liadi	lity Company		
The er	nclosed Articles of	Organization and fee(s) ar	e submitte	d for filing.		
Please	return all correspo	ondence concerning this ma	atter to the	following:		
	David Durde	en				
			Name o	f Person		
	NEWCO Wi	ne Imports LLC				
			Firm/C	ompany		
	3740 Goodw	rater Street				
		<u> </u>	Add	ress		
	Mount Pleas	ant, SC 29466				
	david@newco		ity/State a	nd Zip Code		
		E-mail address: (to be used	for future	annual report notificati	ion)	
For furti	her information co	ncerning this matter, please	e call:			
	David Durder	_		2371100		
)		
	Nam	e of Person A	rea Code	Daytime Telephon	e Number	
Enclos	sed is a check for t	he following amount:				
□\$12	25.00 Filing Fee	■\$130,00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate Certified C	opy is enclosed
	New F	ng Address iling Section		Street Address New Filing Section Di		2022 OCT 18
		on of Corporations ox 6327		The Centre of Tallaha 2415 N. Monroe Stre		&
		assee, FL 32314		Tallahassee, FL 3230		P