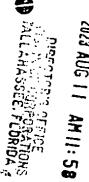
	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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WALK IN

	PICK	UP:	BROOK 8/10	
	CERTIFIED COPY			
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XX	FILING	LLC	<u> </u>	
1.	BLESSED BREWERY (CORPORATE NAME AND DOCU			
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Blessed Brewery AC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Barfield Name of Person
Blessed Brawery LLC
7230 N.W. 26 llay
Boca Radon, FL 33496
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Acoust 305-)ie/di (561) 843-2169 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:

7230 N.W. 26 4 Wase 7230 N.W. 2644 Wase Paca Rater 15498 Wase 33496

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

lorida street address (P.O. Bøx NOT acceptable)

City State 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 Kgent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Mar	Adam Barfield
(Use attachment if necessary) LEV: Effective date, if other than the date of	
** ·····	ic and cannot be more than five business days prior to or 90 da
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