

To:

Page: 2 of 4

2/14/24, 1:09 PM

124000077249

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.

((H24000061996 3)))



H240000619963ABC4

2024 FEB 14 PM 4:16

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****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.
ALLIE & AMELIA'S WINE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2024 FEB 14 AM 10:04
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allie & Amelia's Wine, 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:10841 Earhart Drive
New Port Richey, FL 34654Mailing Address:10841 Earhart Drive
New Port Richey, FL 34654

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:

CPA PARTNERS, L.L.C.

Name

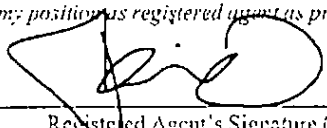
8200 113th Street Suite 103Florida street address (P.O. Box **NOT** acceptable)Seminole FL 33772

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 Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2024 FEB 14 AM 10:04

CLERK OF THE COURT
STATE OF FLORIDA

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Amelia Enterprises, LLC

10841 Earhart Drive

New Port Richey, FL 34654

AMBR

INDYESS Enterprises, LLC

10841 Earhart Drive

New Port Richey, FL 34654

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: February 13, 2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Nicholas Strobbé (Feb 13, 2024 12:25 EST)

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 s.317.155, F.S.

Dr. Nicholas Strobbé

Typed or printed name of signer

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)

FILED
2024 FEB 14 AM 10:04
STATE
NEW PORT RICHEY, FL