

C24000462247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

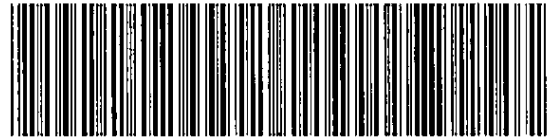
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200438834282

FILED

2024 NOV -1 AM 9:47

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

RECORDED
2024 NOV -1 PM 2:54
TALLAHASSEE, FL
CLERK OF DISTRICT COURT

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Arte Wine & Spirits Distributor LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

174 Parker & Printing • Tallahassee, FL 32301

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

STATE
TALLAHASSEE, FL

2024 NOV - 1 AM 9:47

FILED

**ARTICLES OF ORGANIZATION
OF
ARTE WINE & SPIRITS DISTRIBUTOR LLC**

**ARTICLE 1
NAME**

The name of the limited liability company is ARTE WINE & SPIRITS DISTRIBUTOR LLC.

**ARTICLE 2
ADDRESS**

The mailing address and street address of the principal office of the limited liability company are:

Principal Office Address: 605 West 17 Street
Hialeah, Florida 33010

Mailing Address: 605 West 17 Street
Hialeah, Florida 33010

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the registered agent are:

Roxana I. Nasco, P.A.
2600 So. Douglas Road, Suite 913
Coral Gables, Florida 33134

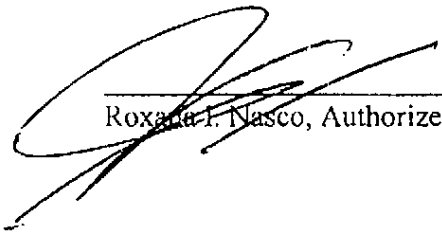
**ARTICLE IV
MANAGEMENT**

The name and address of the person authorized to manage and control the limited liability company is:

Title: Manager	Name and address:	Miguel A. Nasco 605 West 17 Street Hialeah, Florida 33010
----------------	-------------------	---

FILED
2024 NOV - 1 AM 9:47
TALLAHASSEE, FL

These Articles of Organization 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 Section 817.155, Florida Statutes.



Roxana L. Nasco, Authorized Agent

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above 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 property 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, Florida Statutes.



Roxana L. Nasco, Authorized Agent

2024 NOV 14 10:47

FILED