

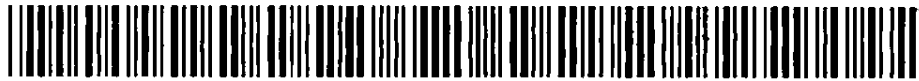
Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Notes: Please print this page and use it as a cover sheet. Enter the fax audit number (shown below) at the top and bottom of pages of the document.

(((H240003730013)))



Elect:

H240003730013ABCU

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500

Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Elect:

FLORIDA LIMITED LIABILITY CO.

TRUE VINE INVESTMENTS-1 LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2024 NOV -8 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -8 PM 2:52

1: EFD

Electronic Filing Menu

Corporate Filing Menu

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H24000373001

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: True Vine Investments-1 LLC

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:

Sharon Gorman

Name of Person

Firm/Company

3504 Wentwood Dr

Address

Dallas, TX 75225

City/State and Zip Code

sgorman@confiancelc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BJ Gorman

318

218-4911

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H24000373001

AD
ALL

Leslie Sellers 8004323622

by ap
(04/05) 11/08/2024 01:40:19 PM

1. Name
2. Registered Office
3. Date

4. State
5. County
6. City
7. State
8. City
9. State
10. City

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000373001

ARTICLE I - Name:

The name of the Limited Liability Company is:

True Vine Investments-1 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:
3504 Wentwood Dr
Dallas, TX 75225

Mailing Address:
3504 Wentwood Dr
Dallas, TX 75225

2024 NOV -8 PM 2:52

FILED

STATE
OFFICE, FL

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:

Capitol Corporate Services, Inc.

Name

515 E. Park Avenue, 2nd FL

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

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..

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

Registered Agent'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:

AMBR

Sharon Gorman
3504 Wentwood Dr
Dallas, TX 75225

ARTICLE

2024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Sharon Gorman

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.817.155, F.S.

Sharon Gorman

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)

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