

L24000 474510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

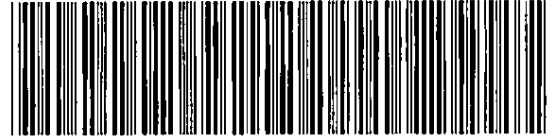
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

2024 NOV 12 AM 9:47

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 NOV 12 AM 11:01

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/12/2024

**\*\*WALK IN\*\***

ENTITY NAME DELUXE ORIGINAL VODKA LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

OFFICE OF THE  
CLERK OF THE  
TALLAHASSEE, FL

2024 NOV 12 AM 9:47

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 155

ACCOUNT # 120140000108

United Corporate

Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much.

**ARTICLES OF ORGANIZATION**  
**OF**  
**DELUXE ORIGINAL VODKA LLC**

**ARTICLE I:** The name of the Limited Liability Company is:

DELUXE ORIGINAL VODKA LLC

**ARTICLE II:** The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

847 Nyasa Avenue  
Fort Myers, FL 33913

Mailing Address:

847 Nyasa Avenue  
Fort Myers, FL 33913

**ARTICLE III:** The name and street address of the registered agent are:

Mr. Wesley Piasecki  
847 Nyasa Avenue  
Fort Myers, FL 33913

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 608, F.S.

Signed by:



053591903723471

Wesley Piasecki

**ARTICLE IV:** The name and address of each Manager are as follows:

Title:

Manager

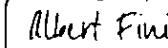
Name and Address:

Albert Fini  
20 Bella Vista Court  
Campbell Hall, NY 10916

Manager

Wesley Piasecki  
847 Nyasa Avenue  
Fort Myers, FL 33913

DocuSigned by:



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Albert Fini

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