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(Re	equestor's Name)	
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## TRANSMITTAL LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Leisure Wines, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

	(Firm/Company)	
		<b>≥</b> SE <b>S</b>
P. O. Box 1390		
	(Address)	ASS 29
		ŗi Ţii⊆ <u> </u>
Lawrenceville,	GA 30046 - =	FLO

For further information concerning this matter, please call:

William T. Watts, Jr. at (770 ) 962-0100

(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee ★\$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
LEISURE WINES, LLC
(Name of Foreign Limited Liability Company)
2. Georgia 3. 20-2512833
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
1 2/47/05 s Pownetural
4. 3/17/05 5 Perpetual (Duration: Year limited liability company will cease to
exist or "perpetual")
5
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 4300 Legendary Drive
Parkin W 22544
Destin, FL 32541
(Street Address of Principal Office)
3. If limited liability company is a manager-managed company, check here
·····································
7. The name and usual business addresses of the managing members or managers are as follows:
Robert B. McLeod
1358 Brentford Cove
Snellville, GA 30078
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under eath of the translator must be submitted.)
· ·
11. Nature of business or purposes to be conducted or promoted in Florida: wine shop and bar
MAMEN
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert B. McLeod

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Leisure Wines, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Mary Suzanne Thompson	$\pi$
(Name)	FE
2891 Scenic Gulf Drive	3
Florida Street Address (P.O. Box NOT ACCEPTABLE)	,5 ,
Miramar Beach FL 32550	
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 608, Florida Statutes.

May Dugane Jongson

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0517515
DATE INC/AUTH/FILED: 03/17/2005
JURISDICTION : GEORGIA
PRINT DATE : 04/11/2005

FORM NUMBER : 211

WEBB, TANNER & POWELL, LLP
WILLIAM T. WATTS, JR.
P.O. BOX 1390
LAWRENCEVILLE, GA 30046-1390

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

CEORGIA LIMITED LIABLLITY COM

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction Stated above or was authorized to transact business in Georgia of the above date and has not filed articles of dissolution, certaficate of Cancellation or any other similar document with the Office of the Segretary of State.

This certificate relates only to the least existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20050411132314001



Cathy Cox Secretary of State