

L21000106138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

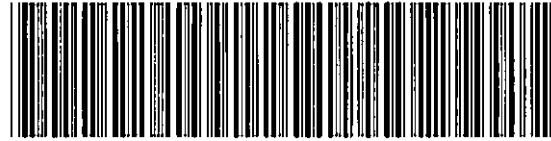
(Business Entity Name)

(Document Number)

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REC'D  
2021 MAR 12 PM 4:09

2021 MAR 12 PM 2:20

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. WINTHORPE DISTRIBUTIONS, LLC

Name

Document Number (if known)

Walk in

Will wait

Certified Copy

Certificate of Status

**NEW FILINGS**

**AMENDMENTS**

Profit

Amendment

Not for Profit

Resignation of R.A. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

INC

Conversion

OTHER - Corp

Merger

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

Annual Report

Foreign Filing

Fictitious Name

Limited Partnership

Reinstatement

Statement of Authority

Trademark

APOSTIL ( )

Other

COUNTRY

EXAMINER'S INITIALS: \_\_\_\_\_



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WINTHORPE DISTRIBUTIONS, 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:

Mailing Address:

4497 TROUT DRIVE SE

ST. PETERSBURG, FL 33705

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:

AEGIS LAW

Name

100 S Ashley Dr Ste 620

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

Tampa

FL

33602

City

State

Zip

4041 MAR 12 PM 2:45  
RECEIVED  
MAR 12 2012

*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..*

John Ervin

John Ervin Mar 12 2012 10:13 EST

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR \_\_\_\_\_

Jenna Cvetetic  
4497 TROUT DRIVE SE  
ST. PETERSBURG, FL 33705

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

**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.

Manager

  
Jenna Cvetetic Mar 11 2011 19:29:15

Typed or printed name of signee

**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)