L21000 106138

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

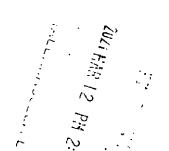
Office Use Only



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FLORIDA CAPLTAL 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, J	LLC
Name	Document Number (if known)
x Walk in	Will wait
Certified Copy Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit X_ Limited Liability Domestication INC	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion
OTHER - Corp	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing Limited Partnership
Fictitious Name	Reinstatement
Statement of Authority	Trademark
APOSTIL () _ COUNTRY	Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: New Filing Section Division of Corporation	8		
WINTHORPE DIST SUBJECT:	RIBUTIONS, LLC		
SUBJECT:	Name of Limited Lia	bility Company	,
The enclosed Articles of Organizat	tion and fee(s) are submit	ted for filing.	
Please return all correspondence co	oncerning this matter to the	ne following:	
John Ervin, Esq.			
	Name	of Person	
AEGIS LAW			
	Firm/	Company	
100 S Ashley Dr Ste 6	20		
	Ad	ddress	
Tampa, FL 33602			
	City/State	and Zip Code	
lros@aegislaw.com E-mail add	dress: (to be used for future	re annual report notificati	ion)
For further information concerning t		•	,
John Ervin	813 at (999-0199)	
Name of Perso		Daytime Telephon	e Number
Enclosed is a check for the followi	ng amount:		
■\$125.00 Filing Fee □\$130	0.00 Filing Fee & Scate of Status Cer	155.00 Filing Fee & tified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s</u>	Street Address	
New Filing Section		New Filing Section Di The Centre of Tallaha	
Division of Corp P.O. Box 6327	xoracions	2415 N. Monroe Stre	
Tallahassee, FL	32314	Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE [- Name:

The name of the Limited Liability Company is:

(Must o	contain the words "Limited	Liability Company, "	'L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	et address of the principal	office of the Limited	Liability Company is:		
Prin	ncipal Office Address:		Mailing Addr	<u>'ess</u> :	
4497 TROUT DE	UVE SE				
ST. PETERSBUI	RG, FL 33705				
ADTICLE III Desistant	A next Desistered Office	& Desistand Assn	t'a Sianaturo		
(The Limited Liability Companother business entity with	oany cannot serve as its ow an active Florida registrati	m Registered Agent. Y ion.)			
ARTICLE III - Registered (The Limited Liability Companother business entity with	oany cannot serve as its ow an active Florida registrati	m Registered Agent. Y ion.)			
(The Limited Liability Companother business entity with	oany cannot serve as its ow an active Florida registrati	m Registered Agent. Y ion.)			
(The Limited Liability Companother business entity with	oany cannot serve as its ow an active Florida registrati reet address of the registere	m Registered Agent. Y ion.)		LOZ HAR	
(The Limited Liability Companother business entity with	any cannot serve as its ow an active Florida registrati rect address of the registere AEGIS LAW	n Registered Agent. Y ion.) ed agent are: Name		FOLL HAR 12	
(The Limited Liability Companother business entity with	any cannot serve as its ow an active Florida registrative eet address of the registere AEGIS LAW	n Registered Agent. Y ion.) ed agent are: Name	ou must designate an inc	FOLL HAR 12 PH	, F <u>:</u>
(The Limited Liability Companother business entity with	any cannot serve as its ow an active Florida registrative eet address of the registere AEGIS LAW	n Registered Agent. Y ion.) ed agent are: Name e 620	ou must designate an inc	FOLL HAR 12	, * <u>:</u>

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

Septemble Marit 2011/19/1985*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Jenna Cvetetic MGR_____ 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 Jenn Jecebo Mar 11 2021 19 29 EST

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)