

PLEASE HONOR ORIGINAL

FILE DATE OF 8/28/24.

THANKS!

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H24000289369 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
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: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
USA WINE IMPORTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

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2024 SEP -4 PM 11:35

2024 AUG 28 PM 12 19  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
FILED

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

**SUBJECT: USA WINE IMPORTS, INC.**

Name of Corporation

DOCUMENT NUMBER: F00000006249

The enclosed Amendment and fee are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

Name of Contact Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

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

**For further information concerning this matter, please call:**

Name of Contact Person \_\_\_\_\_ at ( 855 ) 498 - 5500  
Area Code & Daytime Telephone Number

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F00000006249

(Document number of corporation (if known))

FILED  
AUG 28 PM 12  
19  
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1. USA WINE IMPORTS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. GA

(Incorporated under laws of)

3. 11/02/2000

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Other</u>	<u>MHW Ltd.</u>	<u>1129 Northern Blvd #312</u>	<input type="checkbox"/> Add
		<u>Manhasset, NY 11030</u>	<input checked="" type="checkbox"/> Remove
<u>President</u>	<u>Ryan O'Hara</u>	<u>1129 Northern Blvd #312</u>	<input type="checkbox"/> Add
		<u>Manhasset, NY 11030</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>Ryan O'Hara</u>	<u>1129 Northern Blvd., Suite 312</u>	<input checked="" type="checkbox"/> Add
		<u>Manhasset, NY 11030</u>	<input type="checkbox"/> Remove
<u>Secretary &amp; Sr. VP</u>	<u>Scott Saul</u>	<u>1129 Northern Blvd., Suite 312</u>	<input checked="" type="checkbox"/> Add
		<u>Manhasset, NY 11030</u>	<input type="checkbox"/> Remove
<u>COO</u>	<u>John Wrenn</u>	<u>1129 Northern Blvd., Suite 312</u>	<input checked="" type="checkbox"/> Add
		<u>Manhasset, NY 11030</u>	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Ryan O'Hara

(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Ryan O'Hara

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00

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## ATTACHMENT

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP & Director	<u>Joe Haddad</u>	<u>2700 Via Fortuna, Building II, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Austin, TX 78746</u>	<input type="checkbox"/> Remove
Treasurer, VP, & Director	<u>Jonathan Pearce</u>	<u>2700 Via Fortuna, Building II, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Austin, TX 78746</u>	<input type="checkbox"/> Remove

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