

# F02000004169

TO: Registration Section  
Division of Corporations

SUBJECT: BOWMONT CORPORATION  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANNE-LINE BLANCO  
(Name of Person) 100007133871--8  
-08/15/02-01031--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

BOWMONT CORPORATION  
(Firm/Company)

329 RIVERSIDE AVENUE  
(Address)

WESTPORT, CT 06880  
(City/State and Zip code)

For further information concerning this matter, please call:

ANNE-LINE BLANCO at ( 203 ) 454-7500 x12  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

F02-4169  
*[Signature]*

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. BOWMONT CORPORATION  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE 3. 061459919  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/02/96 5. PERPETUAL  
(Date of incorporation) (Duration: Your corp. will cease to exist or "perpetual")

6. MARCH 23, 1999 PREVIOUSLY FILED FILE #99-1607  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 329 RIVERSIDE AVENUE, WESTPORT, CT 06880  
(Principal office address)

329 RIVERSIDE AVENUE, WESTPORT, CT 06880  
(Current mailing address)

8. BEER IMPORTER SELLING TO WHOLESALER  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324  
(City) (Zip code)

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10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature) **Robin LaPeters**  
**Vice President**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: G.L. JOSEPH BRIGGS

Address: 329 RIVERSIDE AVE.

WESTPORT, CT 06880

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: G.L. JOSEPH BRIGGS

Address: 329 RIVERSIDE AVE.

WESTPORT, CT 06880

Vice President: ANNE-LINE BLANCO

Address: 329 RIVERSIDE AVE.

WESTPORT, CT 06880

Secretary: ANNE-LINE BLANCO

Address: 329 RIVERSIDE AVE., WESTPORT CT 06880

Treasurer: G.L. JOSEPH BRIGGS

Address: 329 RIVERSIDE AVENUE, WESTPORT CT 06880

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature] VICE PRESIDENT  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

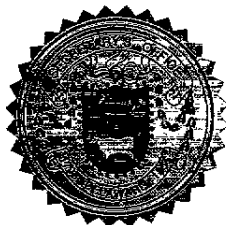
14. ANNE-LINE BLANCO, VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOWMONT CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MAY, A.D. 2002.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2649482 8300

AUTHENTICATION: 1771410

020299598

DATE: 05-10-02