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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

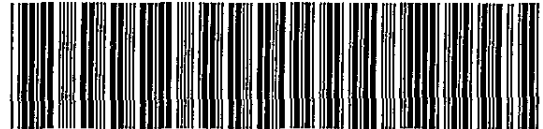
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American International Distribution 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:

Melanie Farr  
(Name of Person)

American International Distribution Corporation  
(Firm/Company)

Po Box 80 , 50 Wintersport Lane  
(Address)

Williston, VT 05495  
(City/State and Zip code)

For further information concerning this matter, please call:

Melanie Farr at (802) 862-0095 x115  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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. American International Distribution Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Vermont 3. 03-0306707  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/02/1986 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification  
(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. 50 Winter Sport Lane Williston VT 05495  
(Principal office address)

Po Box 80 Williston, VT 05495  
(Current mailing address)

8. Importer shipping wine from VT into Florida  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

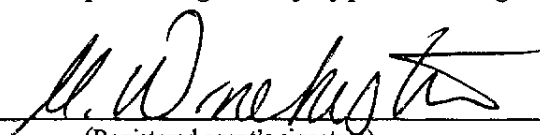
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Megan Winchester

Office Address: 3790 Mahoney Lane  
Sarasota, Florida 34233  
(City) (Zip code)

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)

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: Peter A. Miller

Address: 226 Brookside Rd

Westford, VT 05494

Vice Chairman: Marilyn McConnell

Address: 226 Brookside Rd

Westford, VT 05494

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

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

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

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

**B. OFFICERS**

President: Peter A. Miller

Address: 226 Brookside Rd.

Westford, VT 05494

CEO Vice President: Marilyn McConnell

Address: 226 Brookside Rd.

Westford, VT 05494

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. [Signature]

(Signature of Director or Officer listed in number 12 of the application)

14. Marilyn McConnell

(Typed or printed name and capacity of person signing application)

**STATE OF VERMONT**  
**OFFICE OF SECRETARY OF STATE**

***Certificate of Good Standing***

*I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify  
according to the records of this office*

***AMERICAN INTERNATIONAL DISTRIBUTION CORPORATION***

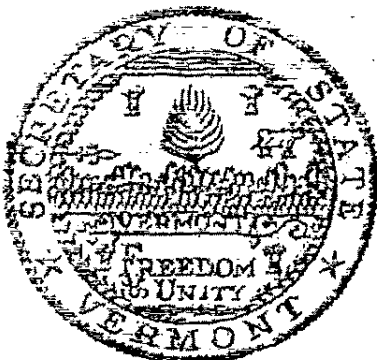
*a corporation formed under the laws of VERMONT*

*was filed for record in the office on MAY 2, 1986*

*I further certify that the corporation has perpetual duration, that its most recent annual  
report is on file, and that articles of dissolution have not been filed.*

*April 19, 2004*

*Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital*



A handwritten signature in dark ink, appearing to read "Deborah L. Markowitz". The signature is fluid and cursive, with a large, stylized initial 'D'.

*Deborah L. Markowitz  
Secretary of State*