

Division of Corporations004323622

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** _____ Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H17000328149 3))) H170003281493ABC2 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (800)345-4647 Fax Number : (800)432-3622 Ĩ Ś **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ** N Email Address: _____ FOREIGN PROFIT/NONPROFIT CORPORATION FLOW WINE COMPANY Certificate of Status 0 ****Please see ****Please see 0 effective date 01/01/2018 Certified Copy effective date 01/01/2018 listed on Line 6**** listed on Line 6**** 05 Page Count \$70.00 Estimated Charge **Please see effective date listed on Line 6**** m 01/01/2018 뮏

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COVER LETTER

TO: Registration Section Division of Corporations FLOW WINE COMPANY

SUBJECT:

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," or "Certificate of Good Standing" 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: Nom Jackson

	Nan	ne of Perso	n		
Polsinelli PC					
	Firm	/Company	•*	· · · · · · · · · · · · · · · · · · ·	
900 W 48th Place, Suite 9	00				
		Address			
Kansas City, MO 64112					
	City/S	tate and Zi	o code		
njackson@polsinclli.com	-				
	E-mail address: (to be	used for fu	ture annual report i	notification)	
For further information	concerning this matter, pl	ease call:			
Nora Jackson	816	30	60.4154		
	at ()	Destine Talan	humu Number	
Name of Perso	n Area	a Code	Daytime Telep	none inumber	
		• • (#	IMI A BARANA MA		
STREET/COURIER ADDRESS: Registration Section			MAILING A	DDRESS:	
			Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327		
2661 Executive Center Circle			Tallahassee, F	L 32314	
Tallahassee, FI	. 32301				
Enclosed is a check for	the following amount:				
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLOREDA

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.

	FLOW WINE C				<u></u>	
		orporation; must include "INC orp," "Inc," "Co," or "Corp.")	ORPORATED," "CO	MPANY," "CORPORATION,"		
				- 1 fear the summer of the section of the	uninger in Florida)	
	(If name unavaila	ble in Florida, enter alternate	corporate name adopt	ed for the purpose of transacting b	usiness in Florida)	
2.	Kansas		3			
	(State or country	y under the law of which it is i	ncorporated)	(FEI number, if applie	able)	
4.	06/14/1994		5			
	(Date of incorporation)			(Date of duration, if other that	n perpetual)	
6. Effective Date: 01/01/2018				8		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
		(SEE SECTIONS 60	7.1501 & 607.1502, 1	.S., to determine penalty hability)		
7. <u>2</u>	235 Cocoanut Av	c., Unit 128E, Sarasota, FL 34				
			(Principal of	fice address)		
					<u> </u>	
-			(Current mailing add	iress, if different)		
8.	Name and stree	<u>et address</u> of Florida registe	red agent: (P.O. Bo	x <u>NOT</u> acceptable)		
	b 1	Janet Epstein				
	Name:	Janer Epstein		-		
Of	fice Address:	235 Cocoanut Ave., Unit 1	28E		e e e e e e e e e e e e e e e e e e e	
		Sumo ota		, Flor: 1a <u>34236</u>	5.5	
		Sarasota, (City)		(Zip code)		

9. 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.

10. 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. . ø

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11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
· · · · · · · · · · · · · · · · · · ·	
Vice Chairman:	
Address:	
Director: Janet L. Epstein	,
Address: 235 Cocoanut Aye., Unit 128E	
Sarasota, F1. 34236	
Director:	
Address:	
	·
B. OFFICERS	
President: Janct L. Epstein	
Address: 235 Cocoanut Ave., Unit 128E	
Sarasota, FL 34236	
Vice President:	
Address:	
Secretary: Janet L. Epstein	
Address: 235 Cocoanut Avc., Unit 128E, Sarasota, FL 34236	·
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the applic	ation listing additional officers and/or directors.
12 Janet L Costain	
Signature of Director	r or Uniter

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Janet L. Enstein, President

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

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12/14/2017

https://www.accesskansas.org/bess/flow/main?execution=e1s9

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STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

1, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2166411

Entity Name: FLOW WINE COMPANY

Entity Type: KANSAS FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: NATIONAL REGISTERED AGENTS, INC. OF KS

Registered Office: 112 SW 7th Street Suite 3C, TOPEKA, KS 66603

was filed in this office on June 14, 1994, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



Kin W. Robert "

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 1005668 - To verify the validity of this certificate please visit <u>https://www.kansas.gov/bess/flow/validate</u> and enter the certificate ID number.

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