# Fa4000002366

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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03/20/24--01008--008 \*\*78.75

RECEIVED MAR 19 2024



WAY 0 2 2024

### **COVER LETTER**

TO: Registration Section Division of Corporat	ions			
SUBJECT: Wise Spirits, In	c.			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign cor	"Certificate of Good Stan	ding" and check are sub		
Please return all corresponde	nce concerning this matter	to the following:		
Upma Martin				
	Name of	Person		
Wise Spirits, Inc.				
	Firm/Com	pany		
528A Donelson Pike				
	Addro	ess		
Nashville TN 37214				
	City/State a	nd Zip code		
wisespiritsine@gmail.com				
Ē-	mail address: (to be used f	or future annual report r	otification)	
For further information conce	erning this matter, please c	all:		
Upma Martin	at (	) 975-5077 Daytime Telephone Number		
Name of Person	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the for Please make check payable to: F	LORIDA DEPARTMENT	OF STATE   \$78,75 Filing Fee &   Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	



April 1, 2024

UPMA MARTIN 528A DONELSON PIKE NASHVILLE, TN 37214

SUBJECT: WISE SPIRITS, INC. Ref. Number: W24000051902

We have received your document for WISE SPIRITS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 524A00006949

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

## 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.

	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Wise Spirits	Wise Dishilled Spirits:	ī nC	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	ousiness in Florida)
Tennessee	3. 92-	2431869	
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli-	cable)
02.20.2023	5		
(Date	of incorporation) 5.	(Date of duration, if other tha	n perpetual)
N/A			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		
528A Donelson P	ike, Nashville TN 37214		
<del></del>	(Principal office s	treet address)	
6305 Turkey Foo	t Ct., Franklin TN 37067		
	(Current mailing ad	ldress, if different)	
	(Current mailing ad	ldress, if different)	
Name and street	(Current mailing adet address of Florida registered agent: (P.O. B		
	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name and stree	et address of Florida registered agent: (P.O. Boundard Northwest Registered Agent LLC - Taylor Newn	ox <u>NOT</u> acceptable)	223
Name:	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. Boundard Northwest Registered Agent LLC - Taylor Newn	ox <u>NOT</u> acceptable)  -	ر (۱۹۶۰) در ۱۹۶۰) پور
Name:	Northwest Registered Agent LLC - Taylor Newn 7901 4th St N STE 300 St. Petersburg	ox <u>NOT</u> acceptable)  -  -  -  -  -  -  -  -  -  -  -  -  -	£ 1.44.33
Name:	et address of Florida registered agent: (P.O. B Northwest Registered Agent LLC - Taylor Newn 7901 4th St N STE 300	ox <u>NOT</u> acceptable)  -	P
Name: Fice Address:  Registered age	Northwest Registered Agent LLC - Taylor Newn 7901 4th St N STE 300 St. Petersburg  (City)	ox <u>NOT</u> acceptable)  (Zip code)	Pii 4:
Name: ffice Address:  Registered age aving been nam	Northwest Registered Agent LLC - Taylor Newn 7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service of	ox NOT acceptable)	orporation at the p
Name:  ffice Address:  Registered age aving been names ignated in this	Northwest Registered Agent LLC - Taylor Newn  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service of application, I hereby accept the appointment	ox NOT acceptable)	orporation at the p
Name: Fice Address:  Registered age aving been nam signated in this rther agree to c	Northwest Registered Agent LLC - Taylor Newn 7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service of	ox NOT acceptable)	orporation at the poor of act in this capace
Name:  ffice Address:  Registered age aving been names ignated in this orther agree to contact the second co	Northwest Registered Agent LLC - Taylor Newn  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relations.	ox NOT acceptable)	orporation at the poor of act in this capace
Name:  ffice Address:  Registered age aving been names ignated in this rther agree to contact the second con	Northwest Registered Agent LLC - Taylor Newn  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  sed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relations.	ox NOT acceptable)	orporation at the poor of act in this capace

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.

A. DIRECTORS	•					
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	528A Donelson Pike Address:	□Vice Chairman	Address:			
□Director	Nashville TN 37214	□Director				
☐President		□President				
□Vice President		□Vice President				
□ Secretary	Treasurer	☐Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman	Upma Martin Name:	□Chairman	Name:			
□Vice Chairman	Address: 6305 Turkey Foot Ct	□Vice Chairman	Address:			
□Director	Franklin TN 37067	□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other COO		□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12. When R. Wice Signature of Director or Officer						
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.						

Alan Wise



## Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

UPMA MARTIN

**526A DONELSON PIKE** NASHVILLE, TN 37214 March 7, 2024

Request Type: Certificate of Existence/Authorization

Request #:

0572345

Issuance Date: 03/07/2024

Copies Requested:

**Document Receipt** 

Receipt #: 008742567

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3869139459

\$20.00

Regarding:

Wise Spirits, Inc.

Filing Type:

For-profit Corporation - Domestic

Control #:

1397469

Formation/Qualification Date: 02/20/2023

Date Formed:

02/20/2023

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**CERTIFICATE OF EXISTENCE** 

#### Wise Spirits, Inc.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 066147929