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K. SALY

JUN 13 2024

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: French Wine Imports & Whole	sale Corp.	
Name of	corporation - m	ust include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standing	horization to Transact Business in Florida," g" and check are submitted to register the n Florida.
Please return all correspondence concerning	g this matter to t	he following:
Bradley Berkman, Esq.		
	Name of Pers	ion
Greenspoon Marder, LLP		
	Firm/Compan	v
600 Brickell Avenue, 36th Floor	Time Conspan	,
COO BIELES ATEMA, SAST RAS		
	Address	
Mizmi, Florida 33131		_
· · · · · · · · · · · · · · · · · · ·	City/State and Z	Lip code
brad.berkman@gmlaw.com		
E-mail address:	(to be used for f	uture annual report notification)
For further information concerning this ma	tter, please call:	
Bradley Berkman, Esq.	1 (305)	789-2758
Name of Person	Area Code	Daytime Telephone Number
ernerezonnen annnee		MANUEL ADDRESS.
STREET/COURIER ADDRESS Registration Section	•	MAILING ADDRESS:
Division of Corporations		Registration Section Division of Corporations
The Centre of Tallahassee		P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	•	Tallahassee, FL 32314
Enclosed is a check for the following amou	ent.	
Please make check payable to: FLORIDA DEI	ARTMENT OF	STATE WARMS AND A PROPERTY OF
■ \$70.00 Filing Fee □ \$78.75 Filing		8.75 Filing Fee & SF D \$87.50 Filing Fee,
Certificate of		crtified Copy 10 55 Certificate of Status &
		Certified Copy
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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.

Same or country under the law of which it is incorporated) (SEE Number, if applicable) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailting address, if different) Name: Louis J. Terminello (City) (City) Florida (City) Flori		
State or country under the law of which it is incorporated) (FEI number, if applicable) (SZ29/2021 (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3 Mamaroneck Avenue, Suite 438, White Plains NY 10605 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Current mailing address, if different) Name: Louis J. Terminello Name: (City) (City) (City) Florida 33131 (City) (C	ne unavailable in Florida, enter alternate corporate name ad	dopted for the purpose of transacting business in Florid
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 33 Marnaroneck Avenue, Suite 438, White Plains NY 10605 (Principal office street address) (Current mailting address, if different) Name: Louis J. Terminello Name: Louis J. Terminello Name: Louis J. Terminello (City) Florida 33131 (City) Florida 33131 (City) Registered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated corporation at the gnated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligations of any position as registered agent.	York 3	30-1272219
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 33 Mamaroneck Avenue, Suite 438, White Plains NY 10605 (Principal office street address) (Current mailing address, if different) Vame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Louis J. Terminello Name: 600 Brickell Avenue, 36th Floor (City) (City) (City) Registered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated corporation at the ginated in this application, I hereby accept the appointment as registered agent and complete performance of I am familiar with and accept the obligations of my position as registered agent.		(FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 33 Mamaroneck Avenue, Suite 438, White Plains NY 10605 (Principal office street address) (Current mailting address, if different) Name: Louis J. Terminello Name: Louis J. Terminello City) City) Registered agent's acceptance: In general agent's acceptance of process for the above stated corporation at the grated in this application, I hereby accept the appointment as registered agent and agree to act in this capher agree to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligations of my position as registered agent. (Registered agent) tignature)	05/28/2021 5	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3 Mamaroneck Avenue, Suite 438, White Plains NY 10605 (Principal office street address) 5850-112 Collins Avenue, \$269, North Miami Beach, FL 33160 (Current mailing address, if different) Same and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Louis J. Terminello 600 Brickell Avenue, 36th Floor Miami (City) Florida (Zip code) Registered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated corporation at the instaled in this application, I hereby accept the appointment as registered agent and agree to act in this capter agree to comply with the provisions of all statutes relative to the proper and complete performance of a mamaron for the advance of the above stated corporation as registered agent. (Registered agent) Signature)	(Date of incorporation)	(Date of duration, if other than perpetual)
(Current mailing address, if different) Louis J. Terminello Came Address: Miami (City) Address: Miami (City) Address for the above stated corporation at the grated in this application, I hereby accept the appointment as registered agent and agree to act in this caparage to comply with the provisions of all statutes relative to the proper and complete performance of a m familiar with and accept the obligations of my position as registered agent. (Registered agent) stignature)		
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	been named as registered agent and to accept service ed in this application, I hereby accept the appointme gree to comply with the provisions of all statutes rela	nt as registered agent and agree to act in this co ative to the proper and complete performance o
	and the second	
Attached is a certificate of existence dilly authenticated not more than EU chys prior to delivery of this appli		

A. DIRECTORS							
Chairman	Name: Thomas Ventura	Chairman	Name:				
UVice Chairman	Address:	□Vice Chairman	Address:				
☐ Director	34590 Marsillargues, France	Director					
™ President		□President					
□Vice President		☐Vice President					
☐ Secretary	☐ Treasurer	Secretary	□Treasurery 30 □				
□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					
1							
☐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					
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.							
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.							
Thomas Ventura, President, French Wine Imports & Wholesale Corp.							

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: FRENCH WINE IMPORTS & WHOLESALE CORP.

DOS 1D Number: 6024685

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/28/2021

Statement Status: PAST DUE
Statement Due Date: 05/31/2023

FILED 1: 55

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 25, 2024 at 11:54 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes
Executive Deputy Secretary of State

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