F95000001694

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 32301 (904) 224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mail#r No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

RE: _____

	C.C. FEE.	DISBURSED
____ Capital Express℠		
____ Art. of Inc. File	1095-	2998
____ Corp. Record Search		
____ Ltd. Partnership File		
____ Foreign Corp. File		
____ ( ) Cert. Copy(s)		
____ Art. of Amend. File		
____ Dissolution/Withdrawal		
____ C.U.S.		
____ Fictitious Name File		
____ Name Reservation		
____ Annual Report/Reinstatement		
____ Reg. Agent Service		
____ Document Filing		
____ Corporate Kit		
____ Vehicle Search		
____ Driving Record		
____ Document Retrieval		
____ UCC 1 or 3 File		
____ UCC 11 Search		
____ UCC 11 Retrieval		
____ ____ File No.'s, ____ Copies		
____ Courier Service ____		
____ Shipping/Handling		
____ Phone ( )		
____ Top Priority		
____ Express Mail Prep.	5	2
____ FAX ( ) pgs	5	10
____ ____		
SUBTOTALS ____		

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	AAL		

WALK-IN
Will Pick Up 25 12:22

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

11-2528-7 POINDER'S INC., THOMASVILLE, GA

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 9, 1995

CAPITAL CONNECTION

SUBJECT: BEVERAGE MARKETING USA, INC.
Ref. Number: W95000002998

We have received your document for BEVERAGE MARKETING USA, INC. and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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 (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 895A00005736

FILED
95 FEB 17 AM 9:17

CR2E042

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1) The name of the corporation is: BEVERAGE MARKETING USA, INC.

2) Incorporated under the laws of the State of: New York.

3) Federal Employer Identification Number: _____.

4) Date of Incorporation: May 20, 1992.

5) Date first transacted business in Florida: Date of filing.

6) Address of Principal Office: c/o Maier Markey & Menashi, 1890 Palmer Ave., Suite 203A, Larchmont, New York 10538.

7) Name of Florida Registered Agent: Capital Connection, Inc.

8) Address of Registered Office: 417 E. Virginia Street, Suite 1, Tallahassee, Florida 32301.

9) Nature of Business to be transacted in Florida: sale and marketing of soft drinks and related products.

10) Name(s) of Officers and specific address(es):

President:	Secretary:
John M. Ferolito	Domenick J. Vultaggio
1890 Palmer Ave.	1890 Palmer Ave.
Larchmont, NY 10538	Larchmont, NY 10538

11) Name(s) of Directors and specific address(es):

John M. Ferolito	Domenick J. Vultaggio
1890 Palmer Ave.	1890 Palmer Ave.
Larchmont, NY 10538	Larchmont, NY 10538

12) I am familiar with and accept the obligations provided for in Section 607.325, Florida Statutes.

_____
(Agent must sign on this line)

FILED
95 FEB 17 PM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13) The total authorized shares, itemized by class, and the par value is: 200 Common, no par value.

Duration - Perpetual

IN WITNESS WHEREOF, this Application by Foreign Corporation for Authorization to transact business in Florida has been signed by the undersigned officers of the corporation, who affirm that the statements made herein are true under the penalties of perjury.

DATED: April 26 1994

John M. Ferolito, President

Domenick J. Vultaggio, Secretary

****

State of NEW YORK
Count of NEW YORK

The foregoing instrument was acknowledged before me this 26th day of April, 1994,
By JOHN M. FEROLITO, the President of the above named corporation, ~~BEVERAGE MARKETING USA~~, INC. which is incorporated under the laws of the State of ~~NEW YORK~~, on behalf of such corporation.

Notary Public

JULIUS MENDALIS
Notary Public, State of New York
No. 31-7904700
Qualified in New York County
Commission Expires 11/30/96

State of New York
Department of State | ss:

I hereby certify, that the certificate of incorporation of BEVERAGE MARKETING USA, INC. was filed 05/20/1992, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Statement of Addresses and Directors is past due.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of December one thousand nine hundred and ninety-four.

Secretary of State

199412120165

FILED
DEPARTMENT OF STATE
95 FEB 10 PM 3:45

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT 11 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001973732--7
-10/15/96--01052--006
****147.50 ****147.50

REINSTATEMENT 96.00

DOCUMENT # F95000000694

1. Corporation Name
BEVERAGE MARKETING USA, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
%JULIUS MENDALIS, ESQ.	%JULIUS MENDALIS, ESQ.
Suite, Apt. #, etc.: 160 Broadway	Suite, Apt. #, etc.: 160 Broadway
City & State: New York, NY	City & State: New York, NY
Zip: 10038 Country: New York	Zip: 10038 Country: New York

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/1995

5. FEI Number: 13-3667302 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FERDLITO, JOHN M	1890 PALMER AVE.	LARCHMONT NY 10538
SD	VULTAGGIO, DOMENICK J	1890 PALMER AVE.	LARCHMONT NY 10538

200001973732--7
-10/15/96--01052--007
****236.25 ****236.25

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 10-7-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] DON VULTAGGIO, Secy. 9/306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/94)